

| SAN BENITO COUNTY | | SUMMARY OF SERVICES FOR CASH GRANT - AGED | | | AID CODE 10 | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|---|---------------|------------------------------|------------------------|------------------|-----------------------------|--|--|
| 3,800 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | | |
| @TOTAL, ALL PROVIDERS | 2,730 | 39,905 | \$ 795,960.78 | \$ 19.95 | 10.501 | \$ 291.56 | \$ 209.46 | | |
| @PHYSICIANS SERVICES | 576 | 1,552 | \$ 23,765.64 | \$ 15.31 | .408 | \$ 41.26 | \$ 6.25 | | |
| OUTPATIENT VISITS | 16 | 20 | 1,036.84 | 51.84 | .005 | 64.80 | .27 | | |
| OFFICE VISITS | 10 | 13 | 439.20 | 33.78 | .003 | 43.92 | .12 | | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| EMERGENCY ROOM | 7 | 7 | 597.64 | 85.38 | .002 | 85.38 | .16 | | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| INPATIENT VISITS | 5 | 10 | 609.65 | 60.97 | .003 | 121.93 | .16 | | |
| HOSPITAL VISITS | 5 | 9 | 488.05 | 54.23 | .002 | 97.61 | .13 | | |
| CRITICAL CARE | 1 | 1 | 121.60 | 121.60 | .000 | 121.60 | .03 | | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 37.15 | 37.15 | .000 | 37.15 | .01 | | |
| EXAMINATIONS | 1 | 1 | 37.15 | 37.15 | .000 | 37.15 | .01 | | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| INPATIENT HOSPITAL SURGERY | 2 | 10 | 680.75 | 68.08 | .003 | 340.38 | .18 | | |
| PRINCIPAL SURGEON | 1 | 1 | 466.12 | 466.12 | .000 | 466.12 | .12 | | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ANESTHESIOLOGIST | 1 | 9 | 214.63 | 23.85 | .002 | 214.63 | .06 | | |
| OUTPATIENT SURGERY | 2 | 4 | 154.51 | 38.63 | .001 | 77.26 | .04 | | |
| PRINCIPAL SURGEON | 2 | 4 | 154.51 | 38.63 | .001 | 77.26 | .04 | | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PATHOLOGY | 2 | 15 | 57.66 | 3.84 | .004 | 28.83 | .02 | | |
| RADIOLOGY | 10 | 21 | 563.75 | 26.85 | .006 | 56.38 | .15 | | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER SERVICES/ALL X-OVERS | 554 | 1,471 | 20,625.33 | 14.02 | .387 | 37.23 | 5.43 | | |
| @PHARMACY | 2,383 | 12,460 | \$ 519,612.38 | \$ 41.70 | 3.279 | \$ 218.05 | \$ 136.74 | | |
| PRESCRIPTION DRUGS | 2,365 | 8,565 | 495,964.02 | 57.91 | 2.254 | 209.71 | 130.52 | | |
| SNF/ICF | 4 | 18 | 574.85 | 31.94 | .005 | 143.71 | .15 | | |
| OUTPATIENTS | 2,362 | 8,547 | 495,389.17 | 57.96 | 2.249 | 209.73 | 130.37 | | |
| MEDICAL SUPPLIES | 281 | 3,895 | 23,648.36 | 6.07 | 1.025 | 84.16 | 6.22 | | |
| @DENTIST | 122 | 559 | \$ 22,644.35 | \$ 40.51 | .147 | \$ 185.61 | \$ 5.96 | | |
| VISITS - DIAGNOSTIC | 77 | 351 | 4,817.35 | 13.72 | .092 | 62.56 | 1.27 | | |
| ORAL SURGERY | 12 | 32 | 1,438.00 | 44.94 | .008 | 119.83 | .38 | | |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .000 | 100.00 | .03 | | |
| PERIODONTICS | 6 | 6 | 1,200.00 | 200.00 | .002 | 200.00 | .32 | | |
| ENDODONTICS | 7 | 8 | 2,085.00 | 260.63 | .002 | 297.86 | .55 | | |
| RESTORATIVE DENTISTRY | 34 | 104 | 8,188.00 | 78.73 | .027 | 240.82 | 2.15 | | |
| PROSTHETICS | 1 | 1 | 50.00 | 50.00 | .000 | 50.00 | .01 | | |
| DENTURES, STAYPLATES | 18 | 56 | 4,766.00 | 85.11 | .015 | 264.78 | 1.25 | | |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |

| 3,800 ELIGIBLES | | AID CODE 10 | | ----- MONTHLY AVERAGE ----- | | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|--|
| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 54 | 171 | \$ 3,784.72 | \$ 22.13 | .045 | \$ 70.09 | \$ 1.00 | |
| DIAGNOSTIC AND ANC. PROCED | 27 | 27 | 1,256.29 | 46.53 | .007 | 46.53 | .33 | |
| EYE APPLIANCES | 49 | 141 | 2,415.77 | 17.13 | .037 | 49.30 | .64 | |
| OTHER OPTOMETRIC SERVICES | 2 | 3 | 112.66 | 37.55 | .001 | 56.33 | .03 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 14 | 24 | \$ 448.77 | \$ 18.70 | .006 | \$ 32.06 | \$.12 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 14 | 24 | 448.77 | 18.70 | .006 | 32.06 | .12 | |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| @TOTAL HOSPITAL | 386 | 1,391 | \$ 123,194.68 | \$ 88.57 | .366 | \$ 319.16 | \$ 32.42 | |
| HOSP INPATIENT TOTAL | 56 | 281 | 95,542.97 | 340.01 | .074 | 1706.12 | 25.14 | |
| HSC HOSPITALS | 6 | 21 | 17,716.92 | 843.66 | .006 | 2952.82 | 4.66 | |
| NON-HSC HOSPITAL TOTAL | 5 | 27 | 33,108.88 | 1226.25 | .007 | 6621.78 | 8.71 | |
| ACCOMMODATIONS | 5 | 27 | 11,833.18 | 438.27 | .007 | 2366.64 | 3.11 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 5 | 27 | 11,833.18 | 438.27 | .007 | 2366.64 | 3.11 | |
| ANCILLARIES | 5 | 0 | 21,275.70 | .00 | .000 | 4255.14 | 5.60 | |
| INPATIENT CROSSOVERS | 46 | 233 | 44,717.17 | 191.92 | .061 | 972.11 | 11.77 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 342 | 1,110 | 27,651.71 | 24.91 | .292 | 80.85 | 7.28 | |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 7 | 21 | 300.82 | 14.32 | .006 | 42.97 | .08 | |
| RADIOLOGY | 7 | 8 | 585.51 | 73.19 | .002 | 83.64 | .15 | |
| ROOM USE | 3 | 2 | 69.91 | 34.96 | .001 | 23.30 | .02 | |
| CROSSOVERS/ALL OTH OUTPTNT | 334 | 1,079 | 26,695.47 | 24.74 | .284 | 79.93 | 7.03 | |
| @COUNTY HOSPITAL TOTAL | 8 | 40 | \$ 4,843.38 | \$ 121.08 | .011 | \$ 605.42 | \$ 1.27 | |
| CO HOSPITAL INPATIENT TOTAL | 1 | 4 | 3,686.98 | 921.75 | .001 | 3686.98 | .97 | |
| HSC HOSPITALS | 1 | 4 | 3,686.98 | 921.75 | .001 | 3686.98 | .97 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 7 | 36 | 1,156.40 | 32.12 | .009 | 165.20 | .30 | |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|----------------------------|---|----|----------|-------|------|--------|-----|
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 7 | 36 | 1,156.40 | 32.12 | .009 | 165.20 | .30 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,339
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 3,800 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 380 | 1,351 | \$ 118,351.30 | \$ 87.60 | .356 | \$ 311.45 | \$ 31.15 | |
| COMM HOSP INPATIENT TOTAL | 56 | 277 | 91,855.99 | 331.61 | .073 | 1640.29 | 24.17 | |
| HSC HOSPITALS | 5 | 17 | 14,029.94 | 825.29 | .004 | 2805.99 | 3.69 | |
| NON-HSC HOSPITALS TOTAL | 5 | 27 | 33,108.88 | 1226.25 | .007 | 6621.78 | 8.71 | |
| ACCOMMODATIONS | 5 | 27 | 11,833.18 | 438.27 | .007 | 2366.64 | 3.11 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 5 | 27 | 11,833.18 | 438.27 | .007 | 2366.64 | 3.11 | |
| ANCILLARIES | 5 | 0 | 21,275.70 | .00 | .000 | 4255.14 | 5.60 | |
| INPATIENT CROSSOVERS | 46 | 233 | 44,717.17 | 191.92 | .061 | 972.11 | 11.77 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 336 | 1,074 | 26,495.31 | 24.67 | .283 | 78.86 | 6.97 | |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 7 | 21 | 300.82 | 14.32 | .006 | 42.97 | .08 | |
| RADIOLOGY | 7 | 8 | 585.51 | 73.19 | .002 | 83.64 | .15 | |
| ROOM USE | 3 | 2 | 69.91 | 34.96 | .001 | 23.30 | .02 | |
| CROSSOVERS/ALL OTH OUTPTNT | 328 | 1,043 | 25,539.07 | 24.49 | .274 | 77.86 | 6.72 | |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 15 | 64 | \$ 27,818.67 | \$ 434.67 | .017 | \$ 1854.58 | \$ 7.32 | |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REGULAR | 15 | 64 | 27,818.67 | 434.67 | .017 | 1854.58 | 7.32 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 15 | 16 | \$ 9,865.43 | \$ 616.59 | .004 | \$ 657.70 | \$ 2.60 | |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 15 | 16 | 9,865.43 | 616.59 | .004 | 657.70 | 2.60 | |
| @REHABILITATION FACILITY | 1 | 1 | \$ 48.00 | \$ 48.00 | .000 | \$ 48.00 | \$.01 | |
| HOSPITAL BASED | 1 | 1 | 48.00 | 48.00 | .000 | 48.00 | .01 | |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 5 | 14 | \$ 237.00 | \$ 16.93 | .004 | \$ 47.40 | \$.06 | |
| PATHOLOGY | 2 | 5 | 96.68 | 19.34 | .001 | 48.34 | .03 | |
| XO AND OTHERS | 3 | 9 | 140.32 | 15.59 | .002 | 46.77 | .04 | |
| @ORGANIZED OUTPATIENT CLINIC | 215 | 326 | \$ 14,142.24 | \$ 43.38 | .086 | \$ 65.78 | \$ 3.72 | |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGICENTER | 2 | 2 | 408.34 | 204.17 | .001 | 204.17 | .11 | |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 213 | 324 | 13,733.90 | 42.39 | .085 | 64.48 | 3.61 | |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,340

| 3,800 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 317 | 23,327 | \$ 50,398.90 | \$ 2.16 | 6.139 | \$ 158.99 | \$ 13.26 |
| DURABLE MED. EQUIP. | 8 | 16 | 1,068.47 | 66.78 | .004 | 133.56 | .28 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 7 | 15 | 2,313.39 | 154.23 | .004 | 330.48 | .61 |
| MEDICAL TRANSPORTATION | 28 | 343 | 2,678.03 | 7.81 | .090 | 95.64 | .70 |
| AMBULANCES/AIR TRANS | 3 | 25 | 483.06 | 19.32 | .007 | 161.02 | .13 |
| OTHER TRANS | 2 | 30 | 84.56 | 2.82 | .008 | 42.28 | .02 |
| OTHER SERVICES | 23 | 288 | 2,110.41 | 7.33 | .076 | 91.76 | .56 |
| ACUPUNCTURE | 4 | 16 | 281.14 | 17.57 | .004 | 70.29 | .07 |
| ADULT DAY HEALTH CARE CTR | 16 | 179 | 11,968.07 | 66.86 | .047 | 748.00 | 3.15 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 9 | 35 | 2,337.39 | 66.78 | .009 | 259.71 | .62 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 73 | 167 | 2,210.55 | 13.24 | .044 | 30.28 | .58 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 1 | 1 | .65 | .65 | .000 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 12 | 22 | 4,621.90 | 210.09 | .006 | 385.16 | 1.22 |
| HOSPICE SERVICES | 3 | 109 | 11,716.32 | 107.49 | .029 | 3905.44 | 3.08 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 174 | 22,424 | 11,202.99 | .50 | 5.901 | 64.39 | 2.95 |
| @CALIF. CHILDREN SERVICES* | 0 | 2CR | \$ 21.40CR | \$ 10.70 | .001CR\$ | .00 | \$.01CR |
| @XOVER EXCLUDING STATE HOSP** | 953 | 5,620 | \$ 133,756.11 | \$ 23.80 | 1.479 | \$ 140.35 | \$ 35.20 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,341

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

| 284 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 178 | 1,049 | \$ 57,602.02 | \$ 54.91 | 3.694 | \$ 323.61 | \$ 202.82 |
| @PHYSICIANS SERVICES | 52 | 146 | \$ 4,240.86 | \$ 29.05 | .514 | \$ 81.56 | \$ 14.93 |
| OUTPATIENT VISITS | 23 | 31 | 1,078.59 | 34.79 | .109 | 46.90 | 3.80 |
| OFFICE VISITS | 17 | 23 | 716.19 | 31.14 | .081 | 42.13 | 2.52 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 5 | 5 | 282.96 | 56.59 | .018 | 56.59 | 1.00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 3 | 3 | 79.44 | 26.48 | .011 | 26.48 | .28 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|-----|-----|--------------|----------|-------|-----------|-----------|
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 4 | 141.93 | 35.48 | .014 | 70.97 | .50 |
| EXAMINATIONS | 2 | 4 | 141.93 | 35.48 | .014 | 70.97 | .50 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 3 | 14 | 1,973.06 | 140.93 | .049 | 657.69 | 6.95 |
| PRINCIPAL SURGEON | 3 | 4 | 1,538.72 | 384.68 | .014 | 512.91 | 5.42 |
| ASSISTANT SURGEON | 1 | 1 | 232.32 | 232.32 | .004 | 232.32 | .82 |
| ANESTHESIOLOGIST | 1 | 9 | 202.02 | 22.45 | .032 | 202.02 | .71 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 6 | 14.66 | 2.44 | .021 | 4.89 | .05 |
| RADIOLOGY | 9 | 12 | 171.02 | 14.25 | .042 | 19.00 | .60 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 19 | 79 | 861.60 | 10.91 | .278 | 45.35 | 3.03 |
| @PHARMACY | 139 | 571 | \$ 32,808.81 | \$ 57.46 | 2.011 | \$ 236.03 | \$ 115.52 |
| PRESCRIPTION DRUGS | 137 | 455 | 32,414.42 | 71.24 | 1.602 | 236.60 | 114.14 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 137 | 455 | 32,414.42 | 71.24 | 1.602 | 236.60 | 114.14 |
| MEDICAL SUPPLIES | 14 | 116 | 394.39 | 3.40 | .408 | 28.17 | 1.39 |
| @DENTIST | 15 | 52 | \$ 3,092.00 | \$ 59.46 | .183 | \$ 206.13 | \$ 10.89 |
| VISITS - DIAGNOSTIC | 9 | 31 | 515.00 | 16.61 | .109 | 57.22 | 1.81 |
| ORAL SURGERY | 6 | 7 | 435.00 | 62.14 | .025 | 72.50 | 1.53 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .007 | 100.00 | .70 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 2 | 5 | 690.00 | 138.00 | .018 | 345.00 | 2.43 |
| RESTORATIVE DENTISTRY | 4 | 7 | 1,252.00 | 178.86 | .025 | 313.00 | 4.41 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,342
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

| 284 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 1 | 1 | \$ 47.45 | \$ 47.45 | .004 | \$ 47.45 | \$.17 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .004 | 47.45 | .17 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 2 | 3 | \$ 59.70 | \$ 19.90 | .011 | \$ 29.85 | \$.21 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 2 | 3 | 59.70 | 19.90 | .011 | 29.85 | .21 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 21 | 87 | \$ 3,610.59 | \$ 41.50 | .306 | \$ 171.93 | \$ 12.71 |
| HOSP INPATIENT TOTAL | 2 | 9 | 1,604.00 | 178.22 | .032 | 802.00 | 5.65 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 9 | 1,604.00 | 178.22 | .032 | 802.00 | 5.65 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 19 | 78 | 2,006.59 | 25.73 | .275 | 105.61 | 7.07 |
| MEDICAL | 3 | 6 | 191.75 | 31.96 | .021 | 63.92 | .68 |
| SURGERY | 1 | 1 | 29.74 | 29.74 | .004 | 29.74 | .10 |
| PATHOLOGY | 6 | 11 | 134.17 | 12.20 | .039 | 22.36 | .47 |
| RADIOLOGY | 8 | 10 | 289.28 | 28.93 | .035 | 36.16 | 1.02 |
| ROOM USE | 9 | 15 | 723.19 | 48.21 | .053 | 80.35 | 2.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 11 | 35 | 638.46 | 18.24 | .123 | 58.04 | 2.25 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,343
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

| 284 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 21 | 87 | \$ 3,610.59 | \$ 41.50 | .306 | \$ 171.93 | \$ 12.71 |
| COMM HOSP INPATIENT TOTAL | 2 | 9 | 1,604.00 | 178.22 | .032 | 802.00 | 5.65 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 9 | 1,604.00 | 178.22 | .032 | 802.00 | 5.65 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 19 | 78 | 2,006.59 | 25.73 | .275 | 105.61 | 7.07 |
| MEDICAL | 3 | 6 | 191.75 | 31.96 | .021 | 63.92 | .68 |
| SURGERY | 1 | 1 | 29.74 | 29.74 | .004 | 29.74 | .10 |
| PATHOLOGY | 6 | 11 | 134.17 | 12.20 | .039 | 22.36 | .47 |
| RADIOLOGY | 8 | 10 | 289.28 | 28.93 | .035 | 36.16 | 1.02 |
| ROOM USE | 9 | 15 | 723.19 | 48.21 | .053 | 80.35 | 2.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 11 | 35 | 638.46 | 18.24 | .123 | 58.04 | 2.25 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 1 | 2 | \$ 1,162.65 | \$ 581.33 | .007 | \$ 1162.65 | \$ 4.09 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 1 | 2 | 1,162.65 | 581.33 | .007 | 1162.65 | 4.09 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 5 | \$ 34.56 | \$ 6.91 | .018 | \$ 34.56 | \$.12 |
| PATHOLOGY | 1 | 5 | 34.56 | 6.91 | .018 | 34.56 | .12 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|----|----|----|----------|----|-------|------|----|--------|----|------|
| @ORGANIZED OUTPATIENT CLINIC | 15 | 22 | \$ | 1,933.04 | \$ | 87.87 | .077 | \$ | 128.87 | \$ | 6.81 |
| CLINIC | 3 | 6 | | 399.22 | | 66.54 | .021 | | 133.07 | | 1.41 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 14 | 16 | | 1,533.82 | | 95.86 | .056 | | 109.56 | | 5.40 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,344
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

| 284 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 14 | 160 | \$ 10,612.36 | \$ 66.33 | .563 | \$ 758.03 | \$ 37.37 |
| DURABLE MED. EQUIP. | 5 | 16 | 9,806.47 | 612.90 | .056 | 1961.29 | 34.53 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 3 | 131 | 700.82 | 5.35 | .461 | 233.61 | 2.47 |
| AMBULANCES/AIR TRANS | 1 | 95 | 451.90 | 4.76 | .335 | 451.90 | 1.59 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 36 | 248.92 | 6.91 | .127 | 82.97 | .88 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | 26.08 | 13.04 | .007 | 26.08 | .09 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 5 | 11 | 78.99 | 7.18 | .039 | 15.80 | .28 |
| @CALIF. CHILDREN SERVICES* | 12 | 34 | \$ 11,203.82 | \$ 329.52 | .120 | \$ 933.65 | \$ 39.45 |
| @XOVER EXCLUDING STATE HOSP** | 26 | 147 | \$ 4,021.04 | \$ 27.35 | .518 | \$ 154.66 | \$ 14.16 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,345 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR CASH GRANT - DISABLED | AID CODE 60 |

| 5,983 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 4,238 | 181,956 | \$ 2,920,881.91 | \$ 16.05 | 30.412 | \$ 689.21 | \$ 488.20 |
| @PHYSICIANS SERVICES | 1,378 | 4,948 | \$ 170,907.33 | \$ 34.54 | .827 | \$ 124.03 | \$ 28.57 |
| OUTPATIENT VISITS | 673 | 1,110 | 46,927.76 | 42.28 | .186 | 69.73 | 7.84 |
| OFFICE VISITS | 400 | 540 | 18,485.91 | 34.23 | .090 | 46.21 | 3.09 |
| HOME VISITS | 8 | 12 | 417.23 | 34.77 | .002 | 52.15 | .07 |
| EMERGENCY ROOM | 267 | 399 | 23,393.23 | 58.63 | .067 | 87.62 | 3.91 |

| | | | | | | | |
|----------------------------|-------|--------|-----------------|----------|-------|-----------|-----------|
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 5 | 10 | 482.35 | 48.24 | .002 | 96.47 | .08 |
| OTHER OUTPATIENT | 76 | 149 | 4,149.04 | 27.85 | .025 | 54.59 | .69 |
| INPATIENT VISITS | 104 | 415 | 26,097.53 | 62.89 | .069 | 250.94 | 4.36 |
| HOSPITAL VISITS | 83 | 328 | 16,039.31 | 48.90 | .055 | 193.24 | 2.68 |
| CRITICAL CARE | 10 | 60 | 9,196.13 | 153.27 | .010 | 919.61 | 1.54 |
| SNF/ICF/TRANS IP CARE | 23 | 27 | 862.09 | 31.93 | .005 | 37.48 | .14 |
| OPHTHALMOLOGICAL SERVICES | 22 | 27 | 1,091.47 | 40.42 | .005 | 49.61 | .18 |
| EXAMINATIONS | 22 | 27 | 1,091.47 | 40.42 | .005 | 49.61 | .18 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 41 | 262 | 25,116.00 | 95.86 | .044 | 612.59 | 4.20 |
| PRINCIPAL SURGEON | 28 | 53 | 18,970.21 | 357.93 | .009 | 677.51 | 3.17 |
| ASSISTANT SURGEON | 4 | 4 | 841.03 | 210.26 | .001 | 210.26 | .14 |
| ANESTHESIOLOGIST | 17 | 205 | 5,304.76 | 25.88 | .034 | 312.04 | .89 |
| OUTPATIENT SURGERY | 83 | 240 | 14,593.77 | 60.81 | .040 | 175.83 | 2.44 |
| PRINCIPAL SURGEON | 59 | 85 | 10,305.52 | 121.24 | .014 | 174.67 | 1.72 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 26 | 155 | 4,288.25 | 27.67 | .026 | 164.93 | .72 |
| DIALYSIS | 6 | 17 | 2,006.55 | 118.03 | .003 | 334.43 | .34 |
| PATHOLOGY | 81 | 264 | 2,472.96 | 9.37 | .044 | 30.53 | .41 |
| RADIOLOGY | 320 | 624 | 20,927.98 | 33.54 | .104 | 65.40 | 3.50 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 11 | 16 | 237.62 | 14.85 | .003 | 21.60 | .04 |
| OTHER SERVICES/ALL X-OVERS | 627 | 1,973 | 31,435.69 | 15.93 | .330 | 50.14 | 5.25 |
| @PHARMACY | 3,493 | 35,503 | \$ 1,262,937.12 | \$ 35.57 | 5.934 | \$ 361.56 | \$ 211.09 |
| PRESCRIPTION DRUGS | 3,421 | 13,812 | 1,218,263.65 | 88.20 | 2.309 | 356.11 | 203.62 |
| SNF/ICF | 42 | 313 | 28,066.18 | 89.67 | .052 | 668.24 | 4.69 |
| OUTPATIENTS | 3,382 | 13,499 | 1,190,197.47 | 88.17 | 2.256 | 351.92 | 198.93 |
| MEDICAL SUPPLIES | 374 | 21,691 | 44,673.47 | 2.06 | 3.625 | 119.45 | 7.47 |
| @DENTIST | 321 | 1,341 | \$ 60,859.86 | \$ 45.38 | .224 | \$ 189.59 | \$ 10.17 |
| VISITS - DIAGNOSTIC | 211 | 872 | 14,113.11 | 16.18 | .146 | 66.89 | 2.36 |
| ORAL SURGERY | 41 | 90 | 5,517.00 | 61.30 | .015 | 134.56 | .92 |
| DRUGS | 1 | 1 | 25.00 | 25.00 | .000 | 25.00 | .00 |
| ANESTHESIA | 6 | 6 | 400.00 | 66.67 | .001 | 66.67 | .07 |
| PERIODONTICS | 25 | 27 | 4,020.00 | 148.89 | .005 | 160.80 | .67 |
| ENDODONTICS | 13 | 16 | 4,500.00 | 281.25 | .003 | 346.15 | .75 |
| RESTORATIVE DENTISTRY | 105 | 266 | 22,783.75 | 85.65 | .044 | 216.99 | 3.81 |
| PROSTHETICS | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 23 | 55 | 9,291.00 | 168.93 | .009 | 403.96 | 1.55 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 3 | 3 | 210.00 | 70.00 | .001 | 70.00 | .04 |
| ALL OTHER SERVICES | 3 | 4 | .00 | .00 | .001 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 10,346 01/17/03

| 5,983 ELIGIBLES | | USERS | | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | | AVERAGE COST PER UNIT/DAY | | MONTHLY AVERAGE | | COST PER ELIGIBLE | |
|----------------------------|----|-------|-----|----------------------------------|--|--------------|----|---------------------------|--|-----------------|----|-------------------|---------|
| | | | | | | | | | | | | | |
| @OPTOMETRIST | 89 | | 291 | \$ | | 6,500.60 | \$ | 22.34 | | .049 | \$ | 73.04 | \$ 1.09 |
| DIAGNOSTIC AND ANC. PROCED | 59 | | 65 | | | 2,837.30 | | 43.65 | | .011 | | 48.09 | .47 |
| EYE APPLIANCES | 77 | | 225 | | | 3,651.89 | | 16.23 | | .038 | | 47.43 | .61 |
| OTHER OPTOMETRIC SERVICES | 1 | | 1 | | | 11.41 | | 11.41 | | .000 | | 11.41 | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | | .00 | \$ | .00 | | .000 | \$ | .00 | .00 |
| VISITS | 0 | | 0 | | | .00 | | .00 | | .000 | | .00 | .00 |

| | | | | | | | | | |
|------------------------------|-------|-------|----|------------|----|---------|-------|------------|-----------|
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PODIATRIST | 42 | 99 | \$ | 1,404.76 | \$ | 14.19 | .017 | \$ 33.45 | \$.23 |
| MEDICINE/INJECTIONS | 24 | 32 | | 724.26 | | 22.63 | .005 | 30.18 | .12 |
| SURGERY/ANES. | 2 | 2 | | 67.02 | | 33.51 | .000 | 33.51 | .01 |
| RADIO./PATHOLOGY | 3 | 4 | | 51.91 | | 12.98 | .001 | 17.30 | .01 |
| OTHER | 18 | 61 | | 561.57 | | 9.21 | .010 | 31.20 | .09 |
| @HOME HEALTH AGENCY | 32 | 215 | \$ | 15,750.79 | \$ | 73.26 | .036 | \$ 492.21 | \$ 2.63 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 1,107 | 6,846 | \$ | 852,763.24 | \$ | 124.56 | 1.144 | \$ 770.34 | \$ 142.53 |
| HOSP INPATIENT TOTAL | 109 | 557 | | 692,865.01 | | 1243.92 | .093 | 6356.56 | 115.81 |
| HSC HOSPITALS | 34 | 251 | | 358,863.00 | | 1429.73 | .042 | 10554.79 | 59.98 |
| NON-HSC HOSPITAL TOTAL | 44 | 186 | | 307,535.15 | | 1653.41 | .031 | 6989.44 | 51.40 |
| ACCOMMODATIONS | 44 | 186 | | 106,546.18 | | 572.83 | .031 | 2421.50 | 17.81 |
| ADMINISTRATIVE DAYS | 1 | 42 | | 9,731.77 | | 231.71 | .007 | 9731.77 | 1.63 |
| TRANSITIONAL IP CARE | 0 | 0 | | 75.51 | | .00 | .000 | .00 | .01 |
| ALL OTHER ACCOM | 43 | 144 | | 96,738.90 | | 671.80 | .024 | 2249.74 | 16.17 |
| ANCILLARIES | 44 | 0 | | 200,988.97 | | .00 | .000 | 4567.93 | 33.59 |
| INPATIENT CROSSOVERS | 36 | 120 | | 26,466.86 | | 220.56 | .020 | 735.19 | 4.42 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1,051 | 6,289 | | 159,898.23 | | 25.43 | 1.051 | 152.14 | 26.73 |
| MEDICAL | 171 | 241 | | 12,001.37 | | 49.80 | .040 | 70.18 | 2.01 |
| SURGERY | 40 | 46 | | 3,022.34 | | 65.70 | .008 | 75.56 | .51 |
| PATHOLOGY | 474 | 3,010 | | 30,182.47 | | 10.03 | .503 | 63.68 | 5.04 |
| RADIOLOGY | 260 | 437 | | 39,298.98 | | 89.93 | .073 | 151.15 | 6.57 |
| ROOM USE | 360 | 600 | | 26,680.44 | | 44.47 | .100 | 74.11 | 4.46 |
| CROSSOVERS/ALL OTH OUTPTNT | 570 | 1,955 | | 48,712.63 | | 24.92 | .327 | 85.46 | 8.14 |
| @COUNTY HOSPITAL TOTAL | 121 | 456 | \$ | 150,383.88 | \$ | 329.79 | .076 | \$ 1242.84 | \$ 25.14 |
| CO HOSPITAL INPATIENT TOTAL | 9 | 128 | | 135,366.74 | | 1057.55 | .021 | 15040.75 | 22.63 |
| HSC HOSPITALS | 9 | 86 | | 112,538.00 | | 1308.58 | .014 | 12504.22 | 18.81 |

| | | | | | | | |
|----------------------------|---|-----|-----------|--------|------|----------|-------------|
| NON-HSC HOSPITALS TOTAL | 1 | 42 | 22,828.74 | 543.54 | .007 | 22828.74 | 3.82 |
| ACCOMMODATIONS | 1 | 42 | 9,714.60 | 231.30 | .007 | 9714.60 | 1.62 |
| ADMINISTRATIVE DAYS | 1 | 42 | 9,714.60 | 231.30 | .007 | 9714.60 | 1.62 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 1 | 0 | 13,114.14 | .00 | .000 | 13114.14 | 2.19 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 112 | 328 | 15,017.14 | 45.78 | .055 | 134.08 | 2.51 |
| MEDICAL | 35 | 43 | 2,271.92 | 52.84 | .007 | 64.91 | .38 |
| SURGERY | 3 | 3 | 338.26 | 112.75 | .001 | 112.75 | .06 |
| PATHOLOGY | 28 | 95 | 1,048.88 | 11.04 | .016 | 37.46 | .18 |
| RADIOLOGY | 8 | 10 | 842.75 | 84.28 | .002 | 105.34 | .14 |
| ROOM USE | 70 | 86 | 3,448.85 | 40.10 | .014 | 49.27 | .58 |
| CROSSOVERS/ALL OTH OUTPTNT | 34 | 91 | 7,066.48 | 77.65 | .015 | 207.84 | 1.18 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,347 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR CASH GRANT - DISABLED | | | | | | |
| | AID CODE 60 | | | | | | |

| 5,983 ELIGIBLES | | USERS | | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | | AVERAGE COST PER UNIT/DAY | | MONTHLY AVERAGE UNITS/DAYS PER ELIG | | COST PER USER | | COST PER ELIGIBLE | |
|------------------------------|-------|-------|--|-------------------------------------|----|--------------|----|------------------------------|--|---|--|------------------|----|----------------------|--|
| @COMMUNITY HOSPITAL TOTAL | 1,020 | | | 6,390 | \$ | 702,379.36 | \$ | 109.92 | | 1.068 | | \$ 688.61 | | \$ 117.40 | |
| COMM HOSP INPATIENT TOTAL | 102 | | | 429 | | 557,498.27 | | 1299.53 | | .072 | | 5465.67 | | 93.18 | |
| HSC HOSPITALS | 25 | | | 165 | | 246,325.00 | | 1492.88 | | .028 | | 9853.00 | | 41.17 | |
| NON-HSC HOSPITALS TOTAL | 43 | | | 144 | | 284,706.41 | | 1977.13 | | .024 | | 6621.08 | | 47.59 | |
| ACCOMMODATIONS | 43 | | | 144 | | 96,831.58 | | 672.44 | | .024 | | 2251.90 | | 16.18 | |
| ADMINISTRATIVE DAYS | 0 | | | 0 | | 17.17 | | .00 | | .000 | | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | | | 0 | | 75.51 | | .00 | | .000 | | .00 | | .01 | |
| ALL OTHER ACCOM | 43 | | | 144 | | 96,738.90 | | 671.80 | | .024 | | 2249.74 | | 16.17 | |
| ANCILLARIES | 43 | | | 0 | | 187,874.83 | | .00 | | .000 | | 4369.18 | | 31.40 | |
| INPATIENT CROSSOVERS | 36 | | | 120 | | 26,466.86 | | 220.56 | | .020 | | 735.19 | | 4.42 | |
| ALL OTHER INPATIENT | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 964 | | | 5,961 | | 144,881.09 | | 24.30 | | .996 | | 150.29 | | 24.22 | |
| MEDICAL | 140 | | | 198 | | 9,729.45 | | 49.14 | | .033 | | 69.50 | | 1.63 | |
| SURGERY | 37 | | | 43 | | 2,684.08 | | 62.42 | | .007 | | 72.54 | | .45 | |
| PATHOLOGY | 448 | | | 2,915 | | 29,133.59 | | 9.99 | | .487 | | 65.03 | | 4.87 | |
| RADIOLOGY | 253 | | | 427 | | 38,456.23 | | 90.06 | | .071 | | 152.00 | | 6.43 | |
| ROOM USE | 303 | | | 514 | | 23,231.59 | | 45.20 | | .086 | | 76.67 | | 3.88 | |
| CROSSOVERS/ALL OTH OUTPTNT | 539 | | | 1,864 | | 41,646.15 | | 22.34 | | .312 | | 77.27 | | 6.96 | |
| @STATE HOSPITAL | 0 | | | 0 | \$ | .00 | \$ | .00 | | .000 | | .00 | \$ | .00 | |
| MENTALLY ILL | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| DEVELOP. DISABLED | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| @NURSING FACILITY | 37 | | | 981 | \$ | 175,967.77 | \$ | 179.38 | | .164 | | 4755.89 | \$ | 29.41 | |
| LEV A-INTERMEDIATE | 2 | | | 101 | | 8,546.62 | | 84.62 | | .017 | | 4273.31 | | 1.43 | |
| LEV B-REHAB MD | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| LEV B-REGULAR | 35 | | | 880 | | 167,421.15 | | 190.25 | | .147 | | 4783.46 | | 27.98 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | | | 0 | \$ | .00 | \$ | .00 | | .000 | | .00 | \$ | .00 | |
| ICF DDH | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| ICF DD | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| ICF DDN/DDCN | 0 | | | 0 | | .00 | | .00 | | .000 | | .00 | | .00 | |
| @HEMODIALYSIS TOTAL | 48 | | | 935 | \$ | 55,261.75 | \$ | 59.10 | | .156 | | 1151.29 | \$ | 9.24 | |
| HOSPITAL BASED | 1 | | | 20 | | 6,043.12 | | 302.16 | | .003 | | 6043.12 | | 1.01 | |
| HEMODIALYSIS CENTER | 47 | | | 915 | | 49,218.63 | | 53.79 | | .153 | | 1047.20 | | 8.23 | |

| | | | | | | | | | | | |
|------------------------------|---|-------|----|------------|----|-------|------|----|--------|----|-------------|
| @REHABILITATION FACILITY | 5 | 3 | \$ | 284.78 | \$ | 94.93 | .001 | \$ | 56.96 | \$ | .05 |
| HOSPITAL BASED | 5 | 3 | | 284.78 | | 94.93 | .001 | | 56.96 | | .05 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 165 | 507 | \$ | 7,897.22 | \$ | 15.58 | .085 | \$ | 47.86 | \$ | 1.32 |
| PATHOLOGY | 163 | 502 | | 7,893.12 | | 15.72 | .084 | | 48.42 | | 1.32 |
| XO AND OTHERS | 2 | 5 | | 4.10 | | .82 | .001 | | 2.05 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 757 | 1,302 | \$ | 103,831.07 | \$ | 79.75 | .218 | \$ | 137.16 | \$ | 17.35 |
| CLINIC | 7 | 18 | | 941.06 | | 52.28 | .003 | | 134.44 | | .16 |
| SURGICENTER | 1 | 7 | | 611.21 | | 87.32 | .001 | | 611.21 | | .10 |
| HEROIN DETOX CLINIC | 2 | 32 | | 371.62 | | 11.61 | .005 | | 185.81 | | .06 |
| RURAL HEALTH CLINIC | 748 | 1,245 | | 101,907.18 | | 81.85 | .208 | | 136.24 | | 17.03 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | PAGE 10,348 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR CASH GRANT - DISABLED | | | | | | | | | | AID CODE 60 |

| | 5,983 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-----------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 537 | | 128,984 | \$ 206,488.82 | \$ 1.60 | 21.558 | \$ 384.52 | \$ 34.51 |
| DURABLE MED. EQUIP. | 90 | | 454 | 68,875.52 | 151.71 | .076 | 765.28 | 11.51 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 4 | | 8 | 969.71 | 121.21 | .001 | 242.43 | .16 |
| MEDICAL TRANSPORTATION | 95 | | 2,470 | 23,898.42 | 9.68 | .413 | 251.56 | 3.99 |
| AMBULANCES/AIR TRANS | 56 | | 1,082 | 11,833.26 | 10.94 | .181 | 211.31 | 1.98 |
| OTHER TRANS | 10 | | 1,052 | 4,785.34 | 4.55 | .176 | 478.53 | .80 |
| OTHER SERVICES | 32 | | 336 | 7,279.82 | 21.67 | .056 | 227.49 | 1.22 |
| ACUPUNCTURE | 2 | | 2 | 43.25 | 21.63 | .000 | 21.63 | .01 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | | 1 | 105.00 | 105.00 | .000 | 105.00 | .02 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 12 | | 2,237 | 66,174.65 | 29.58 | .374 | 5514.55 | 11.06 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 111 | | 259 | 2,930.55 | 11.31 | .043 | 26.40 | .49 |
| PHYSICAL THERAPIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 1 | | 1 | .65 | .65 | .000 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 4 | | 13 | 1,326.21 | 102.02 | .002 | 331.55 | .22 |
| PROSTHETICS | 4 | | 13 | 1,326.21 | 102.02 | .002 | 331.55 | .22 |
| ORTHOTICS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 1 | | 2 | 33.22 | 16.61 | .000 | 33.22 | .01 |
| SPEECH AND AUDIOLOGY | 12 | | 33 | 3,561.95 | 107.94 | .006 | 296.83 | .60 |
| HOSPICE SERVICES | 3 | | 76 | 9,841.17 | 129.49 | .013 | 3280.39 | 1.64 |
| NONINST BIRTHING CENTERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 31 | | 429 | 3,210.52 | 7.48 | .072 | 103.57 | .54 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 1 | | 1 | 26.80 | 26.80 | .000 | 26.80 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 226 | | 122,999 | 25,518.00 | .21 | 20.558 | 112.91 | 4.27 |
| @CALIF. CHILDREN SERVICES* | 124 | | 2,933 | \$ 316,842.22 | \$ 108.03 | .490 | \$ 2555.18 | \$ 52.96 |
| @XOVER EXCLUDING STATE HOSP** | 748 | | 9,568 | \$ 125,974.75 | \$ 13.17 | 1.599 | \$ 168.42 | \$ 21.06 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,349 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G | |

| | 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--|------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
|--|------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|

| | | | | | | | | | | | |
|----------------------------|-------|--------|----|--------------|----|--------|-------|----|--------|----|-------|
| @TOTAL, ALL PROVIDERS | 7,105 | 28,692 | \$ | 1,582,254.18 | \$ | 55.15 | 1.678 | \$ | 222.70 | \$ | 92.53 |
| @PHYSICIANS SERVICES | 2,384 | 4,627 | \$ | 215,602.87 | \$ | 46.60 | .271 | \$ | 90.44 | \$ | 12.61 |
| OUTPATIENT VISITS | 1,804 | 2,395 | | 99,099.84 | | 41.38 | .140 | | 54.93 | | 5.80 |
| OFFICE VISITS | 1,046 | 1,314 | | 46,510.01 | | 35.40 | .077 | | 44.46 | | 2.72 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 785 | 917 | | 42,735.71 | | 46.60 | .054 | | 54.44 | | 2.50 |
| PREVENTIVE CARE | 2 | 2 | | 109.66 | | 54.83 | .000 | | 54.83 | | .01 |
| OB VISITS/COMPRE PERI | 56 | 105 | | 7,701.69 | | 73.35 | .006 | | 137.53 | | .45 |
| OTHER OUTPATIENT | 51 | 57 | | 2,042.77 | | 35.84 | .003 | | 40.05 | | .12 |
| INPATIENT VISITS | 79 | 191 | | 11,180.75 | | 58.54 | .011 | | 141.53 | | .65 |
| HOSPITAL VISITS | 75 | 169 | | 8,702.61 | | 51.49 | .010 | | 116.03 | | .51 |
| CRITICAL CARE | 5 | 22 | | 2,478.14 | | 112.64 | .001 | | 495.63 | | .14 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | | 360.56 | | 40.06 | .001 | | 40.06 | | .02 |
| EXAMINATIONS | 9 | 9 | | 360.56 | | 40.06 | .001 | | 40.06 | | .02 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 94 | 289 | | 47,985.65 | | 166.04 | .017 | | 510.49 | | 2.81 |
| PRINCIPAL SURGEON | 62 | 68 | | 40,711.44 | | 598.70 | .004 | | 656.64 | | 2.38 |
| ASSISTANT SURGEON | 12 | 12 | | 2,093.81 | | 174.48 | .001 | | 174.48 | | .12 |
| ANESTHESIOLOGIST | 28 | 209 | | 5,180.40 | | 24.79 | .012 | | 185.01 | | .30 |
| OUTPATIENT SURGERY | 173 | 354 | | 25,826.57 | | 72.96 | .021 | | 149.29 | | 1.51 |
| PRINCIPAL SURGEON | 148 | 175 | | 20,766.65 | | 118.67 | .010 | | 140.32 | | 1.21 |
| ASSISTANT SURGEON | 1 | 1 | | 186.50 | | 186.50 | .000 | | 186.50 | | .01 |
| ANESTHESIOLOGIST | 52 | 178 | | 4,873.42 | | 27.38 | .010 | | 93.72 | | .29 |
| DIALYSIS | 1 | 1 | | 56.60 | | 56.60 | .000 | | 56.60 | | .00 |
| PATHOLOGY | 189 | 344 | | 2,435.21 | | 7.08 | .020 | | 12.88 | | .14 |
| RADIOLOGY | 547 | 696 | | 17,973.35 | | 25.82 | .041 | | 32.86 | | 1.05 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 38 | 83 | | 891.28 | | 10.74 | .005 | | 23.45 | | .05 |
| OTHER SERVICES/ALL X-OVERS | 163 | 265 | | 9,793.06 | | 36.95 | .015 | | 60.08 | | .57 |
| @PHARMACY | 3,532 | 8,535 | \$ | 381,241.37 | \$ | 44.67 | .499 | \$ | 107.94 | \$ | 22.30 |
| PRESCRIPTION DRUGS | 3,515 | 8,412 | | 377,747.58 | | 44.91 | .492 | | 107.47 | | 22.09 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 3,515 | 8,412 | | 377,747.58 | | 44.91 | .492 | | 107.47 | | 22.09 |
| MEDICAL SUPPLIES | 95 | 123 | | 3,493.79 | | 28.40 | .007 | | 36.78 | | .20 |
| @DENTIST | 813 | 3,965 | \$ | 130,175.19 | \$ | 32.83 | .232 | \$ | 160.12 | \$ | 7.61 |
| VISITS - DIAGNOSTIC | 596 | 2,639 | | 42,109.69 | | 15.96 | .154 | | 70.65 | | 2.46 |
| ORAL SURGERY | 92 | 177 | | 10,978.75 | | 62.03 | .010 | | 119.33 | | .64 |
| DRUGS | 21 | 22 | | 543.75 | | 24.72 | .001 | | 25.89 | | .03 |
| ANESTHESIA | 12 | 12 | | 1,100.00 | | 91.67 | .001 | | 91.67 | | .06 |
| PERIODONTICS | 14 | 18 | | 2,600.00 | | 144.44 | .001 | | 185.71 | | .15 |
| ENDODONTICS | 54 | 103 | | 13,192.50 | | 128.08 | .006 | | 244.31 | | .77 |
| RESTORATIVE DENTISTRY | 284 | 908 | | 51,779.00 | | 57.03 | .053 | | 182.32 | | 3.03 |
| PROSTHETICS | 1 | 1 | | 50.00 | | 50.00 | .000 | | 50.00 | | .00 |
| DENTURES, STAYPLATES | 6 | 25 | | 2,758.00 | | 110.32 | .001 | | 459.67 | | .16 |
| SPACE MAINTAINERS | 5 | 6 | | 600.00 | | 100.00 | .000 | | 120.00 | | .04 |
| MAXILLOFACIAL SERVICES | 2 | 2 | | 100.00 | | 50.00 | .000 | | 50.00 | | .01 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 31 | 43 | | 4,162.50 | | 96.80 | .003 | | 134.27 | | .24 |
| ALL OTHER SERVICES | 8 | 9 | | 201.00 | | 22.33 | .001 | | 25.13 | | .01 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 10,350

01/17/03

----- MONTHLY AVERAGE -----

| 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

| | | | | | | | | | | | |
|------------------------------|-------|-------|----|------------|----|---------|------|----|----------|----|-------|
| @OPTOMETRIST | 143 | 427 | \$ | 9,772.05 | \$ | 22.89 | .025 | \$ | 68.34 | \$ | .57 |
| DIAGNOSTIC AND ANC. PROCED | 99 | 99 | | 4,682.98 | | 47.30 | .006 | | 47.30 | | .27 |
| EYE APPLIANCES | 117 | 328 | | 5,089.07 | | 15.52 | .019 | | 43.50 | | .30 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 7 | 12 | \$ | 330.35 | \$ | 27.53 | .001 | \$ | 47.19 | \$ | .02 |
| MEDICINE/INJECTIONS | 6 | 9 | | 263.73 | | 29.30 | .001 | | 43.96 | | .02 |
| SURGERY/ANES. | 1 | 1 | | 32.02 | | 32.02 | .000 | | 32.02 | | .00 |
| RADIO./PATHOLOGY | 2 | 2 | | 34.60 | | 17.30 | .000 | | 17.30 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 13 | 24 | \$ | 1,432.78 | \$ | 59.70 | .001 | \$ | 110.21 | \$ | .08 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ | 33.56 | \$ | 16.78 | .000 | \$ | 33.56 | \$ | .00 |
| @TOTAL HOSPITAL | 1,612 | 5,118 | \$ | 509,560.39 | \$ | 99.56 | .299 | \$ | 316.10 | \$ | 29.80 |
| HOSP INPATIENT TOTAL | 78 | 267 | | 377,746.50 | | 1414.78 | .016 | | 4842.90 | | 22.09 |
| HSC HOSPITALS | 11 | 57 | | 72,782.09 | | 1276.88 | .003 | | 6616.55 | | 4.26 |
| NON-HSC HOSPITAL TOTAL | 68 | 210 | | 304,964.41 | | 1452.21 | .012 | | 4484.77 | | 17.84 |
| ACCOMMODATIONS | 66 | 210 | | 104,188.69 | | 496.14 | .012 | | 1578.62 | | 6.09 |
| ADMINISTRATIVE DAYS | 1 | 7 | | 1,619.10 | | 231.30 | .000 | | 1619.10 | | .09 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 65 | 203 | | 102,569.59 | | 505.27 | .012 | | 1577.99 | | 6.00 |
| ANCILLARIES | 68 | 0 | | 200,775.72 | | .00 | .000 | | 2952.58 | | 11.74 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1,565 | 4,851 | | 131,813.89 | | 27.17 | .284 | | 84.23 | | 7.71 |
| MEDICAL | 199 | 225 | | 6,463.63 | | 28.73 | .013 | | 32.48 | | .38 |
| SURGERY | 75 | 78 | | 5,469.46 | | 70.12 | .005 | | 72.93 | | .32 |
| PATHOLOGY | 730 | 2,163 | | 27,530.17 | | 12.73 | .126 | | 37.71 | | 1.61 |
| RADIOLOGY | 430 | 542 | | 31,622.60 | | 58.34 | .032 | | 73.54 | | 1.85 |
| ROOM USE | 875 | 1,104 | | 48,556.95 | | 43.98 | .065 | | 55.49 | | 2.84 |
| CROSSOVERS/ALL OTH OUTPTNT | 503 | 739 | | 12,171.08 | | 16.47 | .043 | | 24.20 | | .71 |
| @COUNTY HOSPITAL TOTAL | 79 | 315 | \$ | 52,372.48 | \$ | 166.26 | .018 | \$ | 662.94 | \$ | 3.06 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 37 | | 46,406.97 | | 1254.24 | .002 | | 23203.49 | | 2.71 |
| HSC HOSPITALS | 2 | 30 | | 40,560.03 | | 1352.00 | .002 | | 20280.02 | | 2.37 |
| NON-HSC HOSPITALS TOTAL | 1 | 7 | | 5,846.94 | | 835.28 | .000 | | 5846.94 | | .34 |
| ACCOMMODATIONS | 1 | 7 | | 1,619.10 | | 231.30 | .000 | | 1619.10 | | .09 |
| ADMINISTRATIVE DAYS | 1 | 7 | | 1,619.10 | | 231.30 | .000 | | 1619.10 | | .09 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 1 | 0 | | 4,227.84 | | .00 | .000 | | 4227.84 | | .25 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 78 | 278 | | 5,965.51 | | 21.46 | .016 | | 76.48 | | .35 |
| MEDICAL | 11 | 12 | | 550.77 | | 45.90 | .001 | | 50.07 | | .03 |
| SURGERY | 4 | 5 | | 177.77 | | 35.55 | .000 | | 44.44 | | .01 |
| PATHOLOGY | 28 | 131 | | 1,126.62 | | 8.60 | .008 | | 40.24 | | .07 |
| RADIOLOGY | 8 | 9 | | 843.62 | | 93.74 | .001 | | 105.45 | | .05 |
| ROOM USE | 58 | 74 | | 2,652.42 | | 35.84 | .004 | | 45.73 | | .16 |
| CROSSOVERS/ALL OTH OUTPTNT | 20 | 47 | | 614.31 | | 13.07 | .003 | | 30.72 | | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,351
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

| 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 1,552 | 4,803 | \$ 457,187.91 | \$ 95.19 | .281 | \$ 294.58 | \$ 26.74 |
| COMM HOSP INPATIENT TOTAL | 76 | 230 | 331,339.53 | 1440.61 | .013 | 4359.73 | 19.38 |
| HSC HOSPITALS | 9 | 27 | 32,222.06 | 1193.41 | .002 | 3580.23 | 1.88 |
| NON-HSC HOSPITALS TOTAL | 67 | 203 | 299,117.47 | 1473.49 | .012 | 4464.44 | 17.49 |
| ACCOMMODATIONS | 65 | 203 | 102,569.59 | 505.27 | .012 | 1577.99 | 6.00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 65 | 203 | 102,569.59 | 505.27 | .012 | 1577.99 | 6.00 |
| ANCILLARIES | 67 | 0 | 196,547.88 | .00 | .000 | 2933.55 | 11.49 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,504 | 4,573 | 125,848.38 | 27.52 | .267 | 83.68 | 7.36 |
| MEDICAL | 189 | 213 | 5,912.86 | 27.76 | .012 | 31.28 | .35 |
| SURGERY | 71 | 73 | 5,291.69 | 72.49 | .004 | 74.53 | .31 |
| PATHOLOGY | 706 | 2,032 | 26,403.55 | 12.99 | .119 | 37.40 | 1.54 |
| RADIOLOGY | 425 | 533 | 30,778.98 | 57.75 | .031 | 72.42 | 1.80 |
| ROOM USE | 826 | 1,030 | 45,904.53 | 44.57 | .060 | 55.57 | 2.68 |
| CROSSOVERS/ALL OTH OUTPTNT | 485 | 692 | 11,556.77 | 16.70 | .040 | 23.83 | .68 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|------------------------------|---|-------|---------------|-----------|------|-----------|----------|
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 3 | 11 | \$ 1,242.31 | \$ 112.94 | .001 | \$ 414.10 | \$.07 |
| HOSPITAL BASED | 3 | 11 | 1,242.31 | 112.94 | .001 | 414.10 | .07 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 314 | 784 | \$ 14,737.85 | \$ 18.80 | .046 | \$ 46.94 | \$.86 |
| PATHOLOGY | 314 | 784 | 14,737.85 | 18.80 | .046 | 46.94 | .86 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,343 | 3,410 | \$ 286,680.66 | \$ 84.07 | .199 | \$ 122.36 | \$ 16.77 |
| CLINIC | 101 | 403 | 10,114.01 | 25.10 | .024 | 100.14 | .59 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 2,259 | 3,007 | 276,566.65 | 91.97 | .176 | 122.43 | 16.17 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G | | | | | | |

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| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 418 | 1,777 | \$ 31,444.80 | \$ 17.70 | .104 | \$ 75.23 | \$ 1.84 | |
| DURABLE MED. EQUIP. | 11 | 27 | 1,172.09 | 43.41 | .002 | 106.55 | .07 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 61 | 834 | 18,698.68 | 22.42 | .049 | 306.54 | 1.09 | |
| AMBULANCES/AIR TRANS | 61 | 827 | 11,478.84 | 13.88 | .048 | 188.18 | .67 | |
| OTHER TRANS | 1 | 3 | 19.84 | 6.61 | .000 | 19.84 | .00 | |
| OTHER SERVICES | 4 | 4 | 7,200.00 | 1800.00 | .000 | 1800.00 | .42 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| GENETIC DISEASE TESTING | 27 | 27 | 1,789.00 | 66.26 | .002 | 66.26 | .10 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 132 | 296 | 2,603.37 | 8.80 | .017 | 19.72 | .15 | |
| PHYSICAL THERAPIST | 1 | 1 | 88.69 | 88.69 | .000 | 88.69 | .01 | |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETIST/ORTHOTISTS | 2 | 8 | 630.87 | 78.86 | .000 | 315.44 | .04 | |
| PROSTHETICS | 2 | 7 | 542.18 | 77.45 | .000 | 271.09 | .03 | |
| ORTHOTICS | 1 | 1 | 88.69 | 88.69 | .000 | 88.69 | .01 | |
| PSYCHOLOGIST | 3 | 22 | 1,471.80 | 66.90 | .001 | 490.60 | .09 | |
| SPEECH AND AUDIOLOGY | 5 | 12 | 554.71 | 46.23 | .001 | 110.94 | .03 | |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LOCAL EDUCATION AGENCIES | 182 | 550 | 4,435.59 | 8.06 | .032 | 24.37 | .26 | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CALIF. CHILDREN SERVICES* | 44 | 155 | \$ 54,995.77 | \$ 354.81 | .009 | \$ 1249.90 | \$ 3.22 | |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 | |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|--------|---------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 27,166 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 14,251 | 251,602 | \$ | 5,356,698.89 | \$ 21.29 | 9.262 | \$ 375.88 | \$ 197.18 | |
| @PHYSICIANS SERVICES | 4,390 | 11,273 | \$ | 414,516.70 | \$ 36.77 | .415 | \$ 94.42 | \$ 15.26 | |
| OUTPATIENT VISITS | 2,516 | 3,556 | | 148,143.03 | 41.66 | .131 | 58.88 | 5.45 | |
| OFFICE VISITS | 1,473 | 1,890 | | 66,151.31 | 35.00 | .070 | 44.91 | 2.44 | |
| HOME VISITS | 8 | 12 | | 417.23 | 34.77 | .000 | 52.15 | .02 | |
| EMERGENCY ROOM | 1,064 | 1,328 | | 67,009.54 | 50.46 | .049 | 62.98 | 2.47 | |
| PREVENTIVE CARE | 2 | 2 | | 109.66 | 54.83 | .000 | 54.83 | .00 | |
| OB VISITS/COMPRE PERI | 61 | 115 | | 8,184.04 | 71.17 | .004 | 134.16 | .30 | |
| OTHER OUTPATIENT | 130 | 209 | | 6,271.25 | 30.01 | .008 | 48.24 | .23 | |
| INPATIENT VISITS | 188 | 616 | | 37,887.93 | 61.51 | .023 | 201.53 | 1.39 | |
| HOSPITAL VISITS | 163 | 506 | | 25,229.97 | 49.86 | .019 | 154.79 | .93 | |
| CRITICAL CARE | 16 | 83 | | 11,795.87 | 142.12 | .003 | 737.24 | .43 | |
| SNF/ICF/TRANS IP CARE | 23 | 27 | | 862.09 | 31.93 | .001 | 37.48 | .03 | |
| OPHTHALMOLOGICAL SERVICES | 34 | 41 | | 1,631.11 | 39.78 | .002 | 47.97 | .06 | |
| EXAMINATIONS | 34 | 41 | | 1,631.11 | 39.78 | .002 | 47.97 | .06 | |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 137 | 561 | | 73,782.40 | 131.52 | .021 | 538.56 | 2.72 | |
| PRINCIPAL SURGEON | 91 | 122 | | 60,147.77 | 493.01 | .004 | 660.96 | 2.21 | |
| ASSISTANT SURGEON | 16 | 16 | | 2,934.84 | 183.43 | .001 | 183.43 | .11 | |
| ANESTHESIOLOGIST | 46 | 423 | | 10,699.79 | 25.30 | .016 | 232.60 | .39 | |
| OUTPATIENT SURGERY | 261 | 612 | | 42,547.91 | 69.52 | .023 | 163.02 | 1.57 | |
| PRINCIPAL SURGEON | 212 | 268 | | 32,765.40 | 122.26 | .010 | 154.55 | 1.21 | |
| ASSISTANT SURGEON | 2 | 2 | | 418.82 | 209.41 | .000 | 209.41 | .02 | |
| ANESTHESIOLOGIST | 79 | 342 | | 9,363.69 | 27.38 | .013 | 118.53 | .34 | |
| DIALYSIS | 7 | 18 | | 2,063.15 | 114.62 | .001 | 294.74 | .08 | |
| PATHOLOGY | 275 | 629 | | 4,980.49 | 7.92 | .023 | 18.11 | .18 | |
| RADIOLOGY | 886 | 1,353 | | 39,636.10 | 29.29 | .050 | 44.74 | 1.46 | |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 49 | 99 | | 1,128.90 | 11.40 | .004 | 23.04 | .04 | |
| OTHER SERVICES/ALL X-OVERS | 1,363 | 3,788 | | 62,715.68 | 16.56 | .139 | 46.01 | 2.31 | |
| @PHARMACY | 9,547 | 57,069 | \$ | 2,196,599.68 | \$ 38.49 | 2.101 | \$ 230.08 | \$ 80.86 | |
| PRESCRIPTION DRUGS | 9,438 | 31,244 | | 2,124,389.67 | 67.99 | 1.150 | 225.09 | 78.20 | |
| SNF/ICF | 46 | 331 | | 28,641.03 | 86.53 | .012 | 622.63 | 1.05 | |
| OUTPATIENTS | 9,396 | 30,913 | | 2,095,748.64 | 67.80 | 1.138 | 223.05 | 77.15 | |
| MEDICAL SUPPLIES | 764 | 25,825 | | 72,210.01 | 2.80 | .951 | 94.52 | 2.66 | |
| @DENTIST | 1,271 | 5,917 | \$ | 216,771.40 | \$ 36.64 | .218 | \$ 170.55 | \$ 7.98 | |
| VISITS - DIAGNOSTIC | 893 | 3,893 | | 61,555.15 | 15.81 | .143 | 68.93 | 2.27 | |
| ORAL SURGERY | 151 | 306 | | 18,368.75 | 60.03 | .011 | 121.65 | .68 | |
| DRUGS | 22 | 23 | | 568.75 | 24.73 | .001 | 25.85 | .02 | |
| ANESTHESIA | 21 | 21 | | 1,800.00 | 85.71 | .001 | 85.71 | .07 | |
| PERIODONTICS | 45 | 51 | | 7,820.00 | 153.33 | .002 | 173.78 | .29 | |
| ENDODONTICS | 76 | 132 | | 20,467.50 | 155.06 | .005 | 269.31 | .75 | |
| RESTORATIVE DENTISTRY | 427 | 1,285 | | 84,002.75 | 65.37 | .047 | 196.73 | 3.09 | |
| PROSTHETICS | 3 | 3 | | 100.00 | 33.33 | .000 | 33.33 | .00 | |
| DENTURES, STAYPLATES | 47 | 136 | | 16,815.00 | 123.64 | .005 | 357.77 | .62 | |
| SPACE MAINTAINERS | 5 | 6 | | 600.00 | 100.00 | .000 | 120.00 | .02 | |
| MAXILLOFACIAL SERVICES | 2 | 2 | | 100.00 | 50.00 | .000 | 50.00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ORTHODONTIC SERVICES | 34 | 46 | | 4,372.50 | 95.05 | .002 | 128.60 | .16 | |
| ALL OTHER SERVICES | 11 | 13 | | 201.00 | 15.46 | .000 | 18.27 | .01 | |

| 27,166 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 287 | 890 | \$ 20,104.82 | \$ 22.59 | .033 | \$ 70.05 | \$.74 |
| DIAGNOSTIC AND ANC. PROCED | 186 | 192 | 8,824.02 | 45.96 | .007 | 47.44 | .32 |
| EYE APPLIANCES | 243 | 694 | 11,156.73 | 16.08 | .026 | 45.91 | .41 |
| OTHER OPTOMETRIC SERVICES | 3 | 4 | 124.07 | 31.02 | .000 | 41.36 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 65 | 138 | \$ 2,243.58 | \$ 16.26 | .005 | \$ 34.52 | \$.08 |
| MEDICINE/INJECTIONS | 30 | 41 | 987.99 | 24.10 | .002 | 32.93 | .04 |
| SURGERY/ANES. | 3 | 3 | 99.04 | 33.01 | .000 | 33.01 | .00 |
| RADIO./PATHOLOGY | 5 | 6 | 86.51 | 14.42 | .000 | 17.30 | .00 |
| OTHER | 34 | 88 | 1,070.04 | 12.16 | .003 | 31.47 | .04 |
| @HOME HEALTH AGENCY | 45 | 239 | \$ 17,183.57 | \$ 71.90 | .009 | \$ 381.86 | \$.63 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ 33.56 | \$ 16.78 | .000 | \$ 33.56 | \$.00 |
| @TOTAL HOSPITAL | 3,126 | 13,442 | \$ 1,489,128.90 | \$ 110.78 | .495 | \$ 476.37 | \$ 54.82 |
| HOSP INPATIENT TOTAL | 245 | 1,114 | 1,167,758.48 | 1048.26 | .041 | 4766.36 | 42.99 |
| HSC HOSPITALS | 51 | 329 | 449,362.01 | 1365.84 | .012 | 8811.02 | 16.54 |
| NON-HSC HOSPITAL TOTAL | 117 | 423 | 645,608.44 | 1526.26 | .016 | 5518.02 | 23.77 |
| ACCOMMODATIONS | 115 | 423 | 222,568.05 | 526.17 | .016 | 1935.37 | 8.19 |
| ADMINISTRATIVE DAYS | 2 | 49 | 11,350.87 | 231.65 | .002 | 5675.44 | .42 |
| TRANSITIONAL IP CARE | 0 | 0 | 75.51 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 113 | 374 | 211,141.67 | 564.55 | .014 | 1868.51 | 7.77 |
| ANCILLARIES | 117 | 0 | 423,040.39 | .00 | .000 | 3615.73 | 15.57 |
| INPATIENT CROSSOVERS | 84 | 362 | 72,788.03 | 201.07 | .013 | 866.52 | 2.68 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2,977 | 12,328 | 321,370.42 | 26.07 | .454 | 107.95 | 11.83 |
| MEDICAL | 373 | 472 | 18,656.75 | 39.53 | .017 | 50.02 | .69 |
| SURGERY | 116 | 125 | 8,521.54 | 68.17 | .005 | 73.46 | .31 |
| PATHOLOGY | 1,217 | 5,205 | 58,147.63 | 11.17 | .192 | 47.78 | 2.14 |
| RADIOLOGY | 705 | 997 | 71,796.37 | 72.01 | .037 | 101.84 | 2.64 |
| ROOM USE | 1,247 | 1,721 | 76,030.49 | 44.18 | .063 | 60.97 | 2.80 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,418 | 3,808 | 88,217.64 | 23.17 | .140 | 62.21 | 3.25 |
| @COUNTY HOSPITAL TOTAL | 208 | 811 | \$ 207,599.74 | \$ 255.98 | .030 | \$ 998.08 | \$ 7.64 |
| CO HOSPITAL INPATIENT TOTAL | 12 | 169 | 185,460.69 | 1097.40 | .006 | 15455.06 | 6.83 |
| HSC HOSPITALS | 12 | 120 | 156,785.01 | 1306.54 | .004 | 13065.42 | 5.77 |
| NON-HSC HOSPITALS TOTAL | 2 | 49 | 28,675.68 | 585.22 | .002 | 14337.84 | 1.06 |
| ACCOMMODATIONS | 2 | 49 | 11,333.70 | 231.30 | .002 | 5666.85 | .42 |
| ADMINISTRATIVE DAYS | 2 | 49 | 11,333.70 | 231.30 | .002 | 5666.85 | .42 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 2 | 0 | 17,341.98 | .00 | .000 | 8670.99 | .64 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 197 | 642 | 22,139.05 | 34.48 | .024 | 112.38 | .81 |
| MEDICAL | 46 | 55 | 2,822.69 | 51.32 | .002 | 61.36 | .10 |
| SURGERY | 7 | 8 | 516.03 | 64.50 | .000 | 73.72 | .02 |
| PATHOLOGY | 56 | 226 | 2,175.50 | 9.63 | .008 | 38.85 | .08 |

| | | | | | | | |
|----------------------------|-----|-----|----------|-------|------|--------|-----|
| RADIOLOGY | 16 | 19 | 1,686.37 | 88.76 | .001 | 105.40 | .06 |
| ROOM USE | 128 | 160 | 6,101.27 | 38.13 | .006 | 47.67 | .22 |
| CROSSOVERS/ALL OTH OUTPTNT | 61 | 174 | 8,837.19 | 50.79 | .006 | 144.87 | .33 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,355
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

| | 27,166 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2,973 | 12,631 | \$ | 1,281,529.16 | \$ 101.46 | .465 | \$ 431.06 | \$ 47.17 |
| COMM HOSP INPATIENT TOTAL | 236 | 945 | | 982,297.79 | 1039.47 | .035 | 4162.28 | 36.16 |
| HSC HOSPITALS | 39 | 209 | | 292,577.00 | 1399.89 | .008 | 7501.97 | 10.77 |
| NON-HSC HOSPITALS TOTAL | 115 | 374 | | 616,932.76 | 1649.55 | .014 | 5364.63 | 22.71 |
| ACCOMMODATIONS | 113 | 374 | | 211,234.35 | 564.80 | .014 | 1869.33 | 7.78 |
| ADMINISTRATIVE DAYS | 0 | 0 | | 17.17 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | 75.51 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 113 | 374 | | 211,141.67 | 564.55 | .014 | 1868.51 | 7.77 |
| ANCILLARIES | 115 | 0 | | 405,698.41 | .00 | .000 | 3527.81 | 14.93 |
| INPATIENT CROSSOVERS | 84 | 362 | | 72,788.03 | 201.07 | .013 | 866.52 | 2.68 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,823 | 11,686 | | 299,231.37 | 25.61 | .430 | 106.00 | 11.01 |
| MEDICAL | 332 | 417 | | 15,834.06 | 37.97 | .015 | 47.69 | .58 |
| SURGERY | 109 | 117 | | 8,005.51 | 68.42 | .004 | 73.45 | .29 |
| PATHOLOGY | 1,167 | 4,979 | | 55,972.13 | 11.24 | .183 | 47.96 | 2.06 |
| RADIOLOGY | 693 | 978 | | 70,110.00 | 71.69 | .036 | 101.17 | 2.58 |
| ROOM USE | 1,141 | 1,561 | | 69,929.22 | 44.80 | .057 | 61.29 | 2.57 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,363 | 3,634 | | 79,380.45 | 21.84 | .134 | 58.24 | 2.92 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 52 | 1,045 | \$ | 203,786.44 | \$ 195.01 | .038 | \$ 3918.97 | \$ 7.50 |
| LEV A-INTERMEDIATE | 2 | 101 | | 8,546.62 | 84.62 | .004 | 4273.31 | .31 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 50 | 944 | | 195,239.82 | 206.82 | .035 | 3904.80 | 7.19 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 64 | 953 | \$ | 66,289.83 | \$ 69.56 | .035 | \$ 1035.78 | \$ 2.44 |
| HOSPITAL BASED | 1 | 20 | | 6,043.12 | 302.16 | .001 | 6043.12 | .22 |
| HEMODIALYSIS CENTER | 63 | 933 | | 60,246.71 | 64.57 | .034 | 956.30 | 2.22 |
| @REHABILITATION FACILITY | 9 | 15 | \$ | 1,575.09 | \$ 105.01 | .001 | \$ 175.01 | \$.06 |
| HOSPITAL BASED | 9 | 15 | | 1,575.09 | 105.01 | .001 | 175.01 | .06 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 485 | 1,310 | \$ | 22,906.63 | \$ 17.49 | .048 | \$ 47.23 | \$.84 |
| PATHOLOGY | 480 | 1,296 | | 22,762.21 | 17.56 | .048 | 47.42 | .84 |
| XO AND OTHERS | 5 | 14 | | 144.42 | 10.32 | .001 | 28.88 | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 3,330 | 5,060 | \$ | 406,587.01 | \$ 80.35 | .186 | \$ 122.10 | \$ 14.97 |
| CLINIC | 111 | 427 | | 11,454.29 | 26.83 | .016 | 103.19 | .42 |
| SURGICENTER | 3 | 9 | | 1,019.55 | 113.28 | .000 | 339.85 | .04 |
| HEROIN DETOX CLINIC | 2 | 32 | | 371.62 | 11.61 | .001 | 185.81 | .01 |
| RURAL HEALTH CLINIC | 3,234 | 4,592 | | 393,741.55 | 85.75 | .169 | 121.75 | 14.49 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,356

| 27,166 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 1,286 | 154,248 | \$ 298,944.88 | \$ 1.94 | 5.678 | \$ 232.46 | \$ 11.00 |
| DURABLE MED. EQUIP. | 114 | 513 | 80,922.55 | 157.74 | .019 | 709.85 | 2.98 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 11 | 23 | 3,283.10 | 142.74 | .001 | 298.46 | .12 |
| MEDICAL TRANSPORTATION | 187 | 3,778 | 45,975.95 | 12.17 | .139 | 245.86 | 1.69 |
| AMBULANCES/AIR TRANS | 121 | 2,029 | 24,247.06 | 11.95 | .075 | 200.39 | .89 |
| OTHER TRANS | 13 | 1,085 | 4,889.74 | 4.51 | .040 | 376.13 | .18 |
| OTHER SERVICES | 62 | 664 | 16,839.15 | 25.36 | .024 | 271.60 | .62 |
| ACUPUNCTURE | 6 | 18 | 324.39 | 18.02 | .001 | 54.07 | .01 |
| ADULT DAY HEALTH CARE CTR | 16 | 179 | 11,968.07 | 66.86 | .007 | 748.00 | .44 |
| GENETIC DISEASE TESTING | 28 | 28 | 1,894.00 | 67.64 | .001 | 67.64 | .07 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 21 | 2,272 | 68,512.04 | 30.15 | .084 | 3262.48 | 2.52 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 317 | 724 | 7,770.55 | 10.73 | .027 | 24.51 | .29 |
| PHYSICAL THERAPIST | 1 | 1 | 88.69 | 88.69 | .000 | 88.69 | .00 |
| PORTABLE X-RAY | 2 | 2 | 1.30 | .65 | .000 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 6 | 21 | 1,957.08 | 93.19 | .001 | 326.18 | .07 |
| PROSTHETICS | 6 | 20 | 1,868.39 | 93.42 | .001 | 311.40 | .07 |
| ORTHOTICS | 1 | 1 | 88.69 | 88.69 | .000 | 88.69 | .00 |
| PSYCHOLOGIST | 4 | 24 | 1,505.02 | 62.71 | .001 | 376.26 | .06 |
| SPEECH AND AUDIOLOGY | 29 | 67 | 8,738.56 | 130.43 | .002 | 301.33 | .32 |
| HOSPICE SERVICES | 6 | 185 | 21,557.49 | 116.53 | .007 | 3592.92 | .79 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 213 | 979 | 7,646.11 | 7.81 | .036 | 35.90 | .28 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 1 | 1 | 26.80 | 26.80 | .000 | 26.80 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|-------------------------------|-------|---------|----|------------|----|--------|-------|------------|----------|
| ALL OTHER PROVIDERS | 405 | 145,434 | | 36,799.98 | | .25 | 5.354 | 90.86 | 1.35 |
| @CALIF. CHILDREN SERVICES* | 180 | 3,120 | \$ | 383,020.41 | \$ | 122.76 | .115 | \$ 2127.89 | \$ 14.10 |
| @XOVER EXCLUDING STATE HOSP** | 1,727 | 15,335 | \$ | 263,751.90 | \$ | 17.20 | .564 | \$ 152.72 | \$ 9.71 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,357

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

| 1,123 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 589 | 2,165 | \$ 188,361.31 | \$ 87.00 | 1.928 | \$ 319.80 | \$ 167.73 | |
| @PHYSICIANS SERVICES | 197 | 414 | \$ 27,071.09 | \$ 65.39 | .369 | \$ 137.42 | \$ 24.11 | |
| OUTPATIENT VISITS | 155 | 223 | 8,868.31 | 39.77 | .199 | 57.21 | 7.90 | |
| OFFICE VISITS | 106 | 151 | 5,524.18 | 36.58 | .134 | 52.11 | 4.92 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 54 | 65 | 3,223.00 | 49.58 | .058 | 59.69 | 2.87 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OUTPATIENT | 5 | 7 | 121.13 | 17.30 | .006 | 24.23 | .11 | |
| INPATIENT VISITS | 9 | 67 | 11,541.14 | 172.26 | .060 | 1282.35 | 10.28 | |
| HOSPITAL VISITS | 7 | 13 | 747.59 | 57.51 | .012 | 106.80 | .67 | |
| CRITICAL CARE | 3 | 54 | 10,793.55 | 199.88 | .048 | 3597.85 | 9.61 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 3 | 12 | 535.94 | 44.66 | .011 | 178.65 | .48 | |
| PRINCIPAL SURGEON | 1 | 1 | 173.49 | 173.49 | .001 | 173.49 | .15 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 2 | 11 | 362.45 | 32.95 | .010 | 181.23 | .32 | |
| OUTPATIENT SURGERY | 10 | 18 | 1,642.01 | 91.22 | .016 | 164.20 | 1.46 | |
| PRINCIPAL SURGEON | 9 | 15 | 1,536.65 | 102.44 | .013 | 170.74 | 1.37 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 1 | 3 | 105.36 | 35.12 | .003 | 105.36 | .09 | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 5 | 5 | 19.62 | 3.92 | .004 | 3.92 | .02 | |
| RADIOLOGY | 39 | 47 | 833.99 | 17.74 | .042 | 21.38 | .74 | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES/ALL X-OVERS | 17 | 42 | 3,630.08 | 86.43 | .037 | 213.53 | 3.23 | |
| @PHARMACY | 320 | 778 | \$ 11,627.24 | \$ 14.95 | .693 | \$ 36.34 | \$ 10.35 | |
| PRESCRIPTION DRUGS | 318 | 758 | 11,387.57 | 15.02 | .675 | 35.81 | 10.14 | |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENTS | 318 | 758 | 11,387.57 | 15.02 | .675 | 35.81 | 10.14 | |
| MEDICAL SUPPLIES | 15 | 20 | 239.67 | 11.98 | .018 | 15.98 | .21 | |
| @DENTIST | 2 | 2 | \$ 45.00 | \$ 22.50 | .002 | \$ 22.50 | \$.04 | |
| VISITS - DIAGNOSTIC | 2 | 2 | 45.00 | 22.50 | .002 | 22.50 | .04 | |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|------------------------------|---|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,358 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS | | | | | | AID CODES 47 69 |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 1,123 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 123 | 394 | \$ 105,784.30 | \$ 268.49 | .351 | \$ 860.03 | \$ 94.20 |
| HOSP INPATIENT TOTAL | 9 | 98 | 97,568.00 | 995.59 | .087 | 10840.89 | 86.88 |
| HSC HOSPITALS | 7 | 93 | 90,978.00 | 978.26 | .083 | 12996.86 | 81.01 |
| NON-HSC HOSPITAL TOTAL | 2 | 5 | 6,590.00 | 1318.00 | .004 | 3295.00 | 5.87 |
| ACCOMMODATIONS | 2 | 5 | 2,674.95 | 534.99 | .004 | 1337.48 | 2.38 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 5 | 2,674.95 | 534.99 | .004 | 1337.48 | 2.38 |
| ANCILLARIES | 2 | 0 | 3,915.05 | .00 | .000 | 1957.53 | 3.49 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 116 | 296 | 8,216.30 | 27.76 | .264 | 70.83 | 7.32 |
| MEDICAL | 36 | 41 | 1,050.39 | 25.62 | .037 | 29.18 | .94 |
| SURGERY | 2 | 2 | 92.20 | 46.10 | .002 | 46.10 | .08 |
| PATHOLOGY | 41 | 97 | 1,076.64 | 11.10 | .086 | 26.26 | .96 |
| RADIOLOGY | 30 | 39 | 1,885.27 | 48.34 | .035 | 62.84 | 1.68 |
| ROOM USE | 58 | 73 | 3,200.84 | 43.85 | .065 | 55.19 | 2.85 |
| CROSSOVERS/ALL OTH OUTPTNT | 32 | 44 | 910.96 | 20.70 | .039 | 28.47 | .81 |
| @COUNTY HOSPITAL TOTAL | 8 | 21 | \$ 12,638.63 | \$ 601.84 | .019 | \$ 1579.83 | \$ 11.25 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 9 | 12,168.00 | 1352.00 | .008 | 6084.00 | 10.84 |
| HSC HOSPITALS | 2 | 9 | 12,168.00 | 1352.00 | .008 | 6084.00 | 10.84 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 6 | 12 | 470.63 | 39.22 | .011 | 78.44 | .42 |
| MEDICAL | 3 | 4 | 239.27 | 59.82 | .004 | 79.76 | .21 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 29.14 | 14.57 | .002 | 29.14 | .03 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 2 | 116.68 | 58.34 | .002 | 58.34 | .10 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 4 | 85.54 | 21.39 | .004 | 21.39 | .08 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,359 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS | | | | | | |
| | | | | AID CODES 47 69 | | | |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 1,123 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 116 | 373 | \$ 93,145.67 | \$ 249.72 | .332 | \$ 802.98 | \$ 82.94 |
| COMM HOSP INPATIENT TOTAL | 7 | 89 | 85,400.00 | 959.55 | .079 | 12200.00 | 76.05 |
| HSC HOSPITALS | 5 | 84 | 78,810.00 | 938.21 | .075 | 15762.00 | 70.18 |
| NON-HSC HOSPITALS TOTAL | 2 | 5 | 6,590.00 | 1318.00 | .004 | 3295.00 | 5.87 |
| ACCOMMODATIONS | 2 | 5 | 2,674.95 | 534.99 | .004 | 1337.48 | 2.38 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 5 | 2,674.95 | 534.99 | .004 | 1337.48 | 2.38 |
| ANCILLARIES | 2 | 0 | 3,915.05 | .00 | .000 | 1957.53 | 3.49 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 110 | 284 | 7,745.67 | 27.27 | .253 | 70.42 | 6.90 |
| MEDICAL | 33 | 37 | 811.12 | 21.92 | .033 | 24.58 | .72 |
| SURGERY | 2 | 2 | 92.20 | 46.10 | .002 | 46.10 | .08 |
| PATHOLOGY | 40 | 95 | 1,047.50 | 11.03 | .085 | 26.19 | .93 |
| RADIOLOGY | 30 | 39 | 1,885.27 | 48.34 | .035 | 62.84 | 1.68 |
| ROOM USE | 56 | 71 | 3,084.16 | 43.44 | .063 | 55.07 | 2.75 |
| CROSSOVERS/ALL OTH OUTPTNT | 28 | 40 | 825.42 | 20.64 | .036 | 29.48 | .74 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 1 | 1 | \$ 68.85 | \$ 68.85 | .001 | \$ 68.85 | \$.06 |
| HOSPITAL BASED | 1 | 1 | 68.85 | 68.85 | .001 | 68.85 | .06 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 9 | 15 | \$ 199.56 | \$ 13.30 | .013 | \$ 22.17 | \$.18 |
| PATHOLOGY | 9 | 15 | 199.56 | 13.30 | .013 | 22.17 | .18 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|-----|-----|----|-----------|----|-------|------|----|--------|----|-------|
| @ORGANIZED OUTPATIENT CLINIC | 289 | 424 | \$ | 40,014.71 | \$ | 94.37 | .378 | \$ | 138.46 | \$ | 35.63 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 289 | 424 | | 40,014.71 | | 94.37 | .378 | | 138.46 | | 35.63 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,360
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

| 1,123 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 8 | 137 | \$ 3,550.56 | \$ 25.92 | .122 | \$ 443.82 | \$ 3.16 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 5 | 134 | 3,427.56 | 25.58 | .119 | 685.51 | 3.05 |
| AMBULANCES/AIR TRANS | 4 | 133 | 1,627.56 | 12.24 | .118 | 406.89 | 1.45 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 1 | 1 | 1,800.00 | 1800.00 | .001 | 1800.00 | 1.60 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 3 | 3 | 123.00 | 41.00 | .003 | 41.00 | .11 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 24 | 192 | \$ 80,005.34 | \$ 416.69 | .171 | \$ 3333.56 | \$ 71.24 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|--------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,361 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT | AID CODES 44 48 49 |

| 2,166 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 1,208 | 6,949 | \$ 920,354.23 | \$ 132.44 | 3.208 | \$ 761.88 | \$ 424.91 |
| @PHYSICIANS SERVICES | 591 | 1,458 | \$ 159,376.48 | \$ 109.31 | .673 | \$ 269.67 | \$ 73.58 |
| OUTPATIENT VISITS | 260 | 390 | 28,561.18 | 73.23 | .180 | 109.85 | 13.19 |
| OFFICE VISITS | 62 | 67 | 2,896.69 | 43.23 | .031 | 46.72 | 1.34 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 47 | 56 | 3,595.12 | 64.20 | .026 | 76.49 | 1.66 |

| | | | | | | | |
|----------------------------|-----|-----|--------------|----------|------|----------|---------|
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 177 | 267 | 22,069.37 | 82.66 | .123 | 124.69 | 10.19 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 81 | 153 | 7,178.42 | 46.92 | .071 | 88.62 | 3.31 |
| HOSPITAL VISITS | 80 | 151 | 6,746.75 | 44.68 | .070 | 84.33 | 3.11 |
| CRITICAL CARE | 2 | 2 | 431.67 | 215.84 | .001 | 215.84 | .20 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 148 | 371 | 101,233.69 | 272.87 | .171 | 684.01 | 46.74 |
| PRINCIPAL SURGEON | 111 | 119 | 89,166.29 | 749.30 | .055 | 803.30 | 41.17 |
| ASSISTANT SURGEON | 29 | 29 | 5,130.34 | 176.91 | .013 | 176.91 | 2.37 |
| ANESTHESIOLOGIST | 36 | 223 | 6,937.06 | 31.11 | .103 | 192.70 | 3.20 |
| OUTPATIENT SURGERY | 38 | 80 | 5,864.91 | 73.31 | .037 | 154.34 | 2.71 |
| PRINCIPAL SURGEON | 28 | 34 | 4,446.48 | 130.78 | .016 | 158.80 | 2.05 |
| ASSISTANT SURGEON | 1 | 1 | 186.50 | 186.50 | .000 | 186.50 | .09 |
| ANESTHESIOLOGIST | 15 | 45 | 1,231.93 | 27.38 | .021 | 82.13 | .57 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 39 | 102 | 737.83 | 7.23 | .047 | 18.92 | .34 |
| RADIOLOGY | 228 | 277 | 12,907.68 | 46.60 | .128 | 56.61 | 5.96 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 8 | 18 | 251.80 | 13.99 | .008 | 31.48 | .12 |
| OTHER SERVICES/ALL X-OVERS | 42 | 67 | 2,640.97 | 39.42 | .031 | 62.88 | 1.22 |
| @PHARMACY | 417 | 843 | \$ 20,724.38 | \$ 24.58 | .389 | \$ 49.70 | \$ 9.57 |
| PRESCRIPTION DRUGS | 397 | 771 | 16,115.66 | 20.90 | .356 | 40.59 | 7.44 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 397 | 771 | 16,115.66 | 20.90 | .356 | 40.59 | 7.44 |
| MEDICAL SUPPLIES | 38 | 72 | 4,608.72 | 64.01 | .033 | 121.28 | 2.13 |
| @DENTIST | 1 | 1 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 1 | 1 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,362
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

| | 2,166 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 40 | 67 | \$ | 3,673.72 | \$ 54.83 | .031 | \$ 91.84 | \$ 1.70 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 474 | 1,929 | \$ | 513,999.71 | \$ 266.46 | .891 | \$ 1084.39 | \$ 237.30 |
| HOSP INPATIENT TOTAL | 117 | 418 | | 487,018.63 | 1165.12 | .193 | 4162.55 | 224.85 |
| HSC HOSPITALS | 2 | 11 | | 13,360.00 | 1214.55 | .005 | 6680.00 | 6.17 |
| NON-HSC HOSPITAL TOTAL | 115 | 407 | | 473,658.63 | 1163.78 | .188 | 4118.77 | 218.68 |
| ACCOMMODATIONS | 110 | 407 | | 188,354.79 | 462.79 | .188 | 1712.32 | 86.96 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 110 | 407 | | 188,354.79 | 462.79 | .188 | 1712.32 | 86.96 |
| ANCILLARIES | 115 | 0 | | 285,303.84 | .00 | .000 | 2480.90 | 131.72 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 407 | 1,511 | | 26,981.08 | 17.86 | .698 | 66.29 | 12.46 |
| MEDICAL | 13 | 18 | | 525.51 | 29.20 | .008 | 40.42 | .24 |
| SURGERY | 21 | 24 | | 1,025.49 | 42.73 | .011 | 48.83 | .47 |
| PATHOLOGY | 328 | 1,181 | | 12,708.80 | 10.76 | .545 | 38.75 | 5.87 |
| RADIOLOGY | 85 | 91 | | 5,099.83 | 56.04 | .042 | 60.00 | 2.35 |
| ROOM USE | 83 | 110 | | 5,224.09 | 47.49 | .051 | 62.94 | 2.41 |
| CROSSOVERS/ALL OTH OUTPTNT | 61 | 87 | | 2,397.36 | 27.56 | .040 | 39.30 | 1.11 |
| @COUNTY HOSPITAL TOTAL | 3 | 11 | \$ | 6,886.80 | \$ 626.07 | .005 | \$ 2295.60 | \$ 3.18 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 5 | | 6,760.00 | 1352.00 | .002 | 6760.00 | 3.12 |
| HSC HOSPITALS | 1 | 5 | | 6,760.00 | 1352.00 | .002 | 6760.00 | 3.12 |

| | | | | | | | |
|----------------------------|---|---|--------|-------|------|-------|-----|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 6 | 126.80 | 21.13 | .003 | 63.40 | .06 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 4 | 29.54 | 7.39 | .002 | 14.77 | .01 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 32.04 | 32.04 | .000 | 32.04 | .01 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 65.22 | 65.22 | .000 | 65.22 | .03 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,363
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

| | 2,166 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 472 | | 1,918 \$ | 507,112.91 | \$ 264.40 | .886 | \$ 1074.39 | \$ 234.12 |
| COMM HOSP INPATIENT TOTAL | 116 | | 413 | 480,258.63 | 1162.85 | .191 | 4140.16 | 221.73 |
| HSC HOSPITALS | 1 | | 6 | 6,600.00 | 1100.00 | .003 | 6600.00 | 3.05 |
| NON-HSC HOSPITALS TOTAL | 115 | | 407 | 473,658.63 | 1163.78 | .188 | 4118.77 | 218.68 |
| ACCOMMODATIONS | 110 | | 407 | 188,354.79 | 462.79 | .188 | 1712.32 | 86.96 |
| ADMINISTRATIVE DAYS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 110 | | 407 | 188,354.79 | 462.79 | .188 | 1712.32 | 86.96 |
| ANCILLARIES | 115 | | 0 | 285,303.84 | .00 | .000 | 2480.90 | 131.72 |
| INPATIENT CROSSOVERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 406 | | 1,505 | 26,854.28 | 17.84 | .695 | 66.14 | 12.40 |
| MEDICAL | 13 | | 18 | 525.51 | 29.20 | .008 | 40.42 | .24 |
| SURGERY | 21 | | 24 | 1,025.49 | 42.73 | .011 | 48.83 | .47 |
| PATHOLOGY | 327 | | 1,177 | 12,679.26 | 10.77 | .543 | 38.77 | 5.85 |
| RADIOLOGY | 85 | | 91 | 5,099.83 | 56.04 | .042 | 60.00 | 2.35 |
| ROOM USE | 82 | | 109 | 5,192.05 | 47.63 | .050 | 63.32 | 2.40 |
| CROSSOVERS/ALL OTH OUTPTNT | 60 | | 86 | 2,332.14 | 27.12 | .040 | 38.87 | 1.08 |
| @STATE HOSPITAL | 0 | | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|-------|----|------------|----|--------|------|----|--------|----|-------------|
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 139 | 243 | \$ | 4,455.93 | \$ | 18.34 | .112 | \$ | 32.06 | \$ | 2.06 |
| PATHOLOGY | 139 | 243 | | 4,455.93 | | 18.34 | .112 | | 32.06 | | 2.06 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 460 | 1,948 | \$ | 201,418.66 | \$ | 103.40 | .899 | \$ | 437.87 | \$ | 92.99 |
| CLINIC | 11 | 34 | | 1,206.51 | | 35.49 | .016 | | 109.68 | | .56 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 449 | 1,914 | | 200,212.15 | | 104.60 | .884 | | 445.91 | | 92.43 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | PAGE 10,364 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 | | | | | | | | | | |

| | 2,166 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 133 | 460 | \$ | 16,705.35 | \$ 36.32 | .212 | \$ 125.60 | \$ 7.71 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 6 | 292 | | 4,596.41 | 15.74 | .135 | 766.07 | 2.12 |
| AMBULANCES/AIR TRANS | 6 | 291 | | 2,796.41 | 9.61 | .134 | 466.07 | 1.29 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 1 | 1 | | 1,800.00 | 1800.00 | .000 | 1800.00 | .83 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 102 | 103 | | 8,127.00 | 78.90 | .048 | 79.68 | 3.75 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 22 | 52 | | 3,092.08 | 59.46 | .024 | 140.55 | 1.43 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 6 | 13 | | 889.86 | 68.45 | .006 | 148.31 | .41 |
| PROSTHETICS | 6 | 13 | | 889.86 | 68.45 | .006 | 148.31 | .41 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 10CR | \$ | 1,731.64CR | \$ 173.16 | .005CR\$ | .00 | \$.80CR |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | | | | | | |
|----------------------------|---|--|--|--|--|--|--|--|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | PAGE 10,365 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 | | | | | | | | | | |

| | 23 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|--|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

| | | | | | | | | | | | |
|----------------------------|----|----|----|----------|----|--------|-------|----|--------|----|-------|
| @TOTAL, ALL PROVIDERS | 12 | 27 | \$ | 1,592.87 | \$ | 59.00 | 1.174 | \$ | 132.74 | \$ | 69.26 |
| @PHYSICIANS SERVICES | 7 | 10 | \$ | 450.76 | \$ | 45.08 | .435 | \$ | 64.39 | \$ | 19.60 |
| OUTPATIENT VISITS | 5 | 5 | | 291.73 | | 58.35 | .217 | | 58.35 | | 12.68 |
| OFFICE VISITS | 3 | 3 | | 123.17 | | 41.06 | .130 | | 41.06 | | 5.36 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 1 | 1 | | 108.08 | | 108.08 | .043 | | 108.08 | | 4.70 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 1 | 1 | | 60.48 | | 60.48 | .043 | | 60.48 | | 2.63 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 4 | | 131.97 | | 32.99 | .174 | | 131.97 | | 5.74 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 4 | | 131.97 | | 32.99 | .174 | | 131.97 | | 5.74 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 1 | 1 | | 27.06 | | 27.06 | .043 | | 27.06 | | 1.18 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,366
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

23 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER COST PER
PER ELIG USER ELIGIBLE

| | | | | | | | | | | | |
|------------------------------|---|---|----|--------|----|-------|------|----|--------|----|------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 1 | 9 | \$ | 178.91 | \$ | 19.88 | .391 | \$ | 178.91 | \$ | 7.78 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 9 | | 178.91 | | 19.88 | .391 | | 178.91 | | 7.78 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 5 | | 52.09 | | 10.42 | .217 | | 52.09 | | 2.26 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|-------------|
| RADIOLOGY | 1 | 1 | 55.74 | 55.74 | .043 | 55.74 | 2.42 |
| ROOM USE | 1 | 1 | 40.30 | 40.30 | .043 | 40.30 | 1.75 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 30.78 | 15.39 | .087 | 30.78 | 1.34 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,367 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM | | | | | | AID CODE 76 |

| 23 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1 | 9 | \$ 178.91 | \$ 19.88 | .391 | \$ 178.91 | \$ 7.78 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 9 | 178.91 | 19.88 | .391 | 178.91 | 7.78 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 5 | 52.09 | 10.42 | .217 | 52.09 | 2.26 |
| RADIOLOGY | 1 | 1 | 55.74 | 55.74 | .043 | 55.74 | 2.42 |
| ROOM USE | 1 | 1 | 40.30 | 40.30 | .043 | 40.30 | 1.75 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 30.78 | 15.39 | .087 | 30.78 | 1.34 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|------------------------------|---|---|-----------|-----------|------|-----------|----------|
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 2 | 3 | \$ 117.40 | \$ 39.13 | .130 | \$ 58.70 | \$ 5.10 |
| PATHOLOGY | 2 | 3 | 117.40 | 39.13 | .130 | 58.70 | 5.10 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 4 | 5 | \$ 845.80 | \$ 169.16 | .217 | \$ 211.45 | \$ 36.77 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 4 | 5 | 845.80 | 169.16 | .217 | 211.45 | 36.77 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,368
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

| 23 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 3,312 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 1,809 | 9,141 | \$ | 1,110,308.41 | \$ 121.46 | 2.760 | \$ 613.77 | \$ 335.24 | |
| @PHYSICIANS SERVICES | 795 | 1,882 | \$ | 186,898.33 | \$ 99.31 | .568 | \$ 235.09 | \$ 56.43 | |
| OUTPATIENT VISITS | 420 | 618 | | 37,721.22 | 61.04 | .187 | 89.81 | 11.39 | |
| OFFICE VISITS | 171 | 221 | | 8,544.04 | 38.66 | .067 | 49.97 | 2.58 | |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 102 | 122 | | 6,926.20 | 56.77 | .037 | 67.90 | 2.09 | |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 178 | 268 | | 22,129.85 | 82.57 | .081 | 124.33 | 6.68 | |
| OTHER OUTPATIENT | 5 | 7 | | 121.13 | 17.30 | .002 | 24.23 | .04 | |
| INPATIENT VISITS | 90 | 220 | | 18,719.56 | 85.09 | .066 | 208.00 | 5.65 | |
| HOSPITAL VISITS | 87 | 164 | | 7,494.34 | 45.70 | .050 | 86.14 | 2.26 | |
| CRITICAL CARE | 5 | 56 | | 11,225.22 | 200.45 | .017 | 2245.04 | 3.39 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 152 | 387 | | 101,901.60 | 263.31 | .117 | 670.41 | 30.77 | |
| PRINCIPAL SURGEON | 112 | 120 | | 89,339.78 | 744.50 | .036 | 797.68 | 26.97 | |
| ASSISTANT SURGEON | 29 | 29 | | 5,130.34 | 176.91 | .009 | 176.91 | 1.55 | |
| ANESTHESIOLOGIST | 39 | 238 | | 7,431.48 | 31.22 | .072 | 190.55 | 2.24 | |
| OUTPATIENT SURGERY | 48 | 98 | | 7,506.92 | 76.60 | .030 | 156.39 | 2.27 | |
| PRINCIPAL SURGEON | 37 | 49 | | 5,983.13 | 122.10 | .015 | 161.71 | 1.81 | |
| ASSISTANT SURGEON | 1 | 1 | | 186.50 | 186.50 | .000 | 186.50 | .06 | |
| ANESTHESIOLOGIST | 16 | 48 | | 1,337.29 | 27.86 | .014 | 83.58 | .40 | |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 44 | 107 | | 757.45 | 7.08 | .032 | 17.21 | .23 | |
| RADIOLOGY | 268 | 325 | | 13,768.73 | 42.37 | .098 | 51.38 | 4.16 | |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 8 | 18 | | 251.80 | 13.99 | .005 | 31.48 | .08 | |
| OTHER SERVICES/ALL X-OVERS | 59 | 109 | | 6,271.05 | 57.53 | .033 | 106.29 | 1.89 | |
| @PHARMACY | 737 | 1,621 | \$ | 32,351.62 | \$ 19.96 | .489 | \$ 43.90 | \$ 9.77 | |
| PRESCRIPTION DRUGS | 715 | 1,529 | | 27,503.23 | 17.99 | .462 | 38.47 | 8.30 | |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENTS | 715 | 1,529 | | 27,503.23 | 17.99 | .462 | 38.47 | 8.30 | |
| MEDICAL SUPPLIES | 53 | 92 | | 4,848.39 | 52.70 | .028 | 91.48 | 1.46 | |
| @DENTIST | 3 | 3 | \$ | 45.00 | \$ 15.00 | .001 | \$ 15.00 | \$.01 | |
| VISITS - DIAGNOSTIC | 2 | 2 | | 45.00 | 22.50 | .001 | 22.50 | .01 | |
| ORAL SURGERY | 1 | 1 | | .00 | .00 | .000 | .00 | .00 | |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |

| 3,312 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 40 | 67 | \$ 3,673.72 | \$ 54.83 | .020 | \$ 91.84 | \$ 1.11 | |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @TOTAL HOSPITAL | 598 | 2,332 | \$ 619,962.92 | \$ 265.85 | .704 | \$ 1036.73 | \$ 187.19 | |
| HOSP INPATIENT TOTAL | 126 | 516 | 584,586.63 | 1132.92 | .156 | 4639.58 | 176.51 | |
| HSC HOSPITALS | 9 | 104 | 104,338.00 | 1003.25 | .031 | 11593.11 | 31.50 | |
| NON-HSC HOSPITAL TOTAL | 117 | 412 | 480,248.63 | 1165.65 | .124 | 4104.69 | 145.00 | |
| ACCOMMODATIONS | 112 | 412 | 191,029.74 | 463.66 | .124 | 1705.62 | 57.68 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 112 | 412 | 191,029.74 | 463.66 | .124 | 1705.62 | 57.68 | |
| ANCILLARIES | 117 | 0 | 289,218.89 | .00 | .000 | 2471.96 | 87.32 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 524 | 1,816 | 35,376.29 | 19.48 | .548 | 67.51 | 10.68 | |
| MEDICAL | 49 | 59 | 1,575.90 | 26.71 | .018 | 32.16 | .48 | |
| SURGERY | 23 | 26 | 1,117.69 | 42.99 | .008 | 48.60 | .34 | |
| PATHOLOGY | 370 | 1,283 | 13,837.53 | 10.79 | .387 | 37.40 | 4.18 | |
| RADIOLOGY | 116 | 131 | 7,040.84 | 53.75 | .040 | 60.70 | 2.13 | |
| ROOM USE | 142 | 184 | 8,465.23 | 46.01 | .056 | 59.61 | 2.56 | |
| CROSSOVERS/ALL OTH OUTPTNT | 94 | 133 | 3,339.10 | 25.11 | .040 | 35.52 | 1.01 | |
| @COUNTY HOSPITAL TOTAL | 11 | 32 | \$ 19,525.43 | \$ 610.17 | .010 | \$ 1775.04 | \$ 5.90 | |
| CO HOSPITAL INPATIENT TOTAL | 3 | 14 | 18,928.00 | 1352.00 | .004 | 6309.33 | 5.71 | |
| HSC HOSPITALS | 3 | 14 | 18,928.00 | 1352.00 | .004 | 6309.33 | 5.71 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 8 | 18 | 597.43 | 33.19 | .005 | 74.68 | .18 | |
| MEDICAL | 3 | 4 | 239.27 | 59.82 | .001 | 79.76 | .07 | |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 3 | 6 | 58.68 | 9.78 | .002 | 19.56 | .02 | |

| | | | | | | | |
|----------------------------|---|---|--------|-------|------|-------|-----|
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 3 | 3 | 148.72 | 49.57 | .001 | 49.57 | .04 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 5 | 150.76 | 30.15 | .002 | 30.15 | .05 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,371
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

| | 3,312 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 589 | | 2,300 \$ | 600,437.49 | \$ 261.06 | .694 | \$ 1019.42 | \$ 181.29 |
| COMM HOSP INPATIENT TOTAL | 123 | | 502 | 565,658.63 | 1126.81 | .152 | 4598.85 | 170.79 |
| HSC HOSPITALS | 6 | | 90 | 85,410.00 | 949.00 | .027 | 14235.00 | 25.79 |
| NON-HSC HOSPITALS TOTAL | 117 | | 412 | 480,248.63 | 1165.65 | .124 | 4104.69 | 145.00 |
| ACCOMMODATIONS | 112 | | 412 | 191,029.74 | 463.66 | .124 | 1705.62 | 57.68 |
| ADMINISTRATIVE DAYS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 112 | | 412 | 191,029.74 | 463.66 | .124 | 1705.62 | 57.68 |
| ANCILLARIES | 117 | | 0 | 289,218.89 | .00 | .000 | 2471.96 | 87.32 |
| INPATIENT CROSSOVERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 517 | | 1,798 | 34,778.86 | 19.34 | .543 | 67.27 | 10.50 |
| MEDICAL | 46 | | 55 | 1,336.63 | 24.30 | .017 | 29.06 | .40 |
| SURGERY | 23 | | 26 | 1,117.69 | 42.99 | .008 | 48.60 | .34 |
| PATHOLOGY | 368 | | 1,277 | 13,778.85 | 10.79 | .386 | 37.44 | 4.16 |
| RADIOLOGY | 116 | | 131 | 7,040.84 | 53.75 | .040 | 60.70 | 2.13 |
| ROOM USE | 139 | | 181 | 8,316.51 | 45.95 | .055 | 59.83 | 2.51 |
| CROSSOVERS/ALL OTH OUTPTNT | 89 | | 128 | 3,188.34 | 24.91 | .039 | 35.82 | .96 |
| @STATE HOSPITAL | 0 | | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------|---------------|-----------|------|-----------|----------|
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 1 | 1 | \$ 68.85 | \$ 68.85 | .000 | \$ 68.85 | \$.02 |
| HOSPITAL BASED | 1 | 1 | 68.85 | 68.85 | .000 | 68.85 | .02 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 150 | 261 | \$ 4,772.89 | \$ 18.29 | .079 | \$ 31.82 | \$ 1.44 |
| PATHOLOGY | 150 | 261 | 4,772.89 | 18.29 | .079 | 31.82 | 1.44 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 753 | 2,377 | \$ 242,279.17 | \$ 101.93 | .718 | \$ 321.75 | \$ 73.15 |
| CLINIC | 11 | 34 | 1,206.51 | 35.49 | .010 | 109.68 | .36 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 742 | 2,343 | 241,072.66 | 102.89 | .707 | 324.90 | 72.79 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76 | | | | | | |

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01/17/03

| 3,312 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 141 | 597 | \$ 20,255.91 | \$ 33.93 | .180 | \$ 143.66 | \$ 6.12 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 11 | 426 | 8,023.97 | 18.84 | .129 | 729.45 | 2.42 |
| AMBULANCES/AIR TRANS | 10 | 424 | 4,423.97 | 10.43 | .128 | 442.40 | 1.34 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 2 | 2 | 3,600.00 | 1800.00 | .001 | 1800.00 | 1.09 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 105 | 106 | 8,250.00 | 77.83 | .032 | 78.57 | 2.49 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 22 | 52 | 3,092.08 | 59.46 | .016 | 140.55 | .93 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 6 | 13 | 889.86 | 68.45 | .004 | 148.31 | .27 |
| PROSTHETICS | 6 | 13 | 889.86 | 68.45 | .004 | 148.31 | .27 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|-------------------------------|----|-----|----|-----------|-----|--------|------|---------------------|
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 24 | 182 | \$ | 78,273.70 | \$ | 430.08 | .055 | \$ 3261.40 \$ 23.63 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,373

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

| 221 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 195 | 1,875 | \$ 54,840.15 | \$ 29.25 | 8.484 | \$ 281.23 | \$ 248.15 |
| @PHYSICIANS SERVICES | 44 | 191 | \$ 3,266.62 | \$ 17.10 | .864 | \$ 74.24 | \$ 14.78 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 44 | 191 | 3,266.62 | 17.10 | .864 | 74.24 | 14.78 |
| @PHARMACY | 173 | 671 | \$ 38,586.22 | \$ 57.51 | 3.036 | \$ 223.04 | \$ 174.60 |
| PRESCRIPTION DRUGS | 173 | 660 | 38,031.32 | 57.62 | 2.986 | 219.83 | 172.09 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 173 | 660 | 38,031.32 | 57.62 | 2.986 | 219.83 | 172.09 |
| MEDICAL SUPPLIES | 6 | 11 | 554.90 | 50.45 | .050 | 92.48 | 2.51 |
| @DENTIST | 10 | 65 | \$ 4,436.68 | \$ 68.26 | .294 | \$ 443.67 | \$ 20.08 |
| VISITS - DIAGNOSTIC | 8 | 44 | 375.00 | 8.52 | .199 | 46.88 | 1.70 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 1 | 200.00 | 200.00 | .005 | 200.00 | .90 |
| ENDODONTICS | 1 | 2 | 475.00 | 237.50 | .009 | 475.00 | 2.15 |
| RESTORATIVE DENTISTRY | 3 | 17 | 3,375.00 | 198.53 | .077 | 1125.00 | 15.27 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 221 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| DENTURES, STAYPLATES | 1 | 1 | 11.68 | 11.68 | .005 | 11.68 | .05 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY | | | | | | | |
| MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED | | | | | | | |
| AID CODE 16 | | | | | | | |
| ----- MONTHLY AVERAGE ----- | | | | | | | |
| @OPTOMETRIST | 4 | 11 | \$ 254.23 | \$ 23.11 | .050 | \$ 63.56 | \$ 1.15 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 94.90 | 47.45 | .009 | 47.45 | .43 |
| EYE APPLIANCES | 4 | 9 | 159.33 | 17.70 | .041 | 39.83 | .72 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 2 | 2 | \$ 7.44 | \$ 3.72 | .009 | \$ 3.72 | \$.03 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 2 | 2 | 7.44 | 3.72 | .009 | 3.72 | .03 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 32 | 119 | \$ 4,495.55 | \$ 37.78 | .538 | \$ 140.49 | \$ 20.34 |
| HOSP INPATIENT TOTAL | 2 | 7 | 1,624.00 | 232.00 | .032 | 812.00 | 7.35 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 7 | 1,624.00 | 232.00 | .032 | 812.00 | 7.35 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 32 | 112 | 2,871.55 | 25.64 | .507 | 89.74 | 12.99 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 32 | 112 | 2,871.55 | 25.64 | .507 | 89.74 | 12.99 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,375
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

| 221 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 32 | 119 | \$ 4,495.55 | \$ 37.78 | .538 | \$ 140.49 | \$ 20.34 |
| COMM HOSP INPATIENT TOTAL | 2 | 7 | 1,624.00 | 232.00 | .032 | 812.00 | 7.35 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 7 | 1,624.00 | 232.00 | .032 | 812.00 | 7.35 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 32 | 112 | 2,871.55 | 25.64 | .507 | 89.74 | 12.99 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 32 | 112 | 2,871.55 | 25.64 | .507 | 89.74 | 12.99 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 0 | \$ 1,522.50 | \$.00 | .000 | \$ 1522.50 | \$ 6.89 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 1 | 0 | 1,522.50 | .00 | .000 | 1522.50 | 6.89 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|----|----|--------|----|-------|------|----|-------|----|-----|
| @ORGANIZED OUTPATIENT CLINIC | 7 | 11 | \$ | 208.08 | \$ | 18.92 | .050 | \$ | 29.73 | \$ | .94 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 7 | 11 | | 208.08 | | 18.92 | .050 | | 29.73 | | .94 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,376
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

| 221 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 36 | 805 | \$ 2,062.83 | \$ 2.56 | 3.643 | \$ 57.30 | \$ 9.33 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 1 | 14 | 92.31 | 6.59 | .063 | 92.31 | .42 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 1 | 14 | 92.31 | 6.59 | .063 | 92.31 | .42 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 7 | 15 | 196.31 | 13.09 | .068 | 28.04 | .89 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 55.20 | 27.60 | .009 | 55.20 | .25 |

| | | | | | | | |
|-------------------------------|----|-----|--------------|----------|-------|-----------|----------|
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 28 | 774 | 1,719.01 | 2.22 | 3.502 | 61.39 | 7.78 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 81 | 365 | \$ 10,606.48 | \$ 29.06 | 1.652 | \$ 130.94 | \$ 47.99 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-----------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,377 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND | AID CODES 26 6A |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,378 | | | | | | | |
| MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 | | | | | | | |
| SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A | | | | | | | |
| ----- MONTHLY AVERAGE ----- | | | | | | | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,379 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND | | | | | | AID CODES 26 6A |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-------------|
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | PAGE 10,380 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A | | | | | | | | | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | | | | | | |
|----------------------------|---|--|--|--|--|--|--|--|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | PAGE 10,381 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C | | | | | | | | | | |

| 83 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|

| | | | | | | | | | | | |
|----------------------------|----|-----|----|-----------|----|--------|-------|----|--------|----|--------|
| @TOTAL, ALL PROVIDERS | 82 | 551 | \$ | 46,061.21 | \$ | 83.60 | 6.639 | \$ | 561.72 | \$ | 554.95 |
| @PHYSICIANS SERVICES | 26 | 110 | \$ | 880.71 | \$ | 8.01 | 1.325 | \$ | 33.87 | \$ | 10.61 |
| OUTPATIENT VISITS | 10 | 10 | | 344.10 | | 34.41 | .120 | | 34.41 | | 4.15 |
| OFFICE VISITS | 10 | 10 | | 344.10 | | 34.41 | .120 | | 34.41 | | 4.15 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | | 65.65 | | 32.83 | .024 | | 32.83 | | .79 |
| EXAMINATIONS | 2 | 2 | | 65.65 | | 32.83 | .024 | | 32.83 | | .79 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 1 | | 41.58 | | 41.58 | .012 | | 41.58 | | .50 |
| RADIOLOGY | 4 | 4 | | 76.89 | | 19.22 | .048 | | 19.22 | | .93 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 14 | 93 | | 352.49 | | 3.79 | 1.120 | | 25.18 | | 4.25 |
| @PHARMACY | 66 | 370 | \$ | 41,829.27 | \$ | 113.05 | 4.458 | \$ | 633.78 | \$ | 503.97 |
| PRESCRIPTION DRUGS | 65 | 337 | | 40,655.40 | | 120.64 | 4.060 | | 625.47 | | 489.82 |

| | | | | | | | |
|-------------------------|----|-----|-----------|----------|-------|----------|---------|
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 65 | 337 | 40,655.40 | 120.64 | 4.060 | 625.47 | 489.82 |
| MEDICAL SUPPLIES | 17 | 33 | 1,173.87 | 35.57 | .398 | 69.05 | 14.14 |
| @DENTIST | 3 | 9 | \$ 247.00 | \$ 27.44 | .108 | \$ 82.33 | \$ 2.98 |
| VISITS - DIAGNOSTIC | 3 | 7 | 160.00 | 22.86 | .084 | 53.33 | 1.93 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 1 | 2 | 87.00 | 43.50 | .024 | 87.00 | 1.05 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 10,382
 01/17/03

| 83 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 2 | 7 | \$ 153.55 | \$ 21.94 | .084 | \$ 76.78 | \$ 1.85 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.39 | 47.39 | .012 | 47.39 | .57 |
| EYE APPLIANCES | 2 | 6 | 106.16 | 17.69 | .072 | 53.08 | 1.28 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 12 | 35 | \$ 2,566.64 | \$ 73.33 | .422 | \$ 213.89 | \$ 30.92 |
| HOSP INPATIENT TOTAL | 1 | 2 | 792.00 | 396.00 | .024 | 792.00 | 9.54 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 2 | 792.00 | 396.00 | .024 | 792.00 | 9.54 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 11 | 33 | 1,774.64 | 53.78 | .398 | 161.33 | 21.38 |
| MEDICAL | 2 | 3 | 282.60 | 94.20 | .036 | 141.30 | 3.40 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 176.19 | 25.17 | .084 | 88.10 | 2.12 |

| | | | | | | | |
|-----------------------------|---|----|-----------|----------|------|-----------|-------------|
| RADIOLOGY | 2 | 2 | 133.25 | 66.63 | .024 | 66.63 | 1.61 |
| ROOM USE | 1 | 1 | 39.32 | 39.32 | .012 | 39.32 | .47 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 20 | 1,143.28 | 57.16 | .241 | 127.03 | 13.77 |
| @COUNTY HOSPITAL TOTAL | 1 | 2 | \$ 154.41 | \$ 77.21 | .024 | \$ 154.41 | \$ 1.86 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 2 | 154.41 | 77.21 | .024 | 154.41 | 1.86 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 154.41 | 77.21 | .024 | 154.41 | 1.86 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,383 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C | | | | | | |

| 83 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 11 | 33 | \$ 2,412.23 | \$ 73.10 | .398 | \$ 219.29 | \$ 29.06 |
| COMM HOSP INPATIENT TOTAL | 1 | 2 | 792.00 | 396.00 | .024 | 792.00 | 9.54 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 2 | 792.00 | 396.00 | .024 | 792.00 | 9.54 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 10 | 31 | 1,620.23 | 52.27 | .373 | 162.02 | 19.52 |
| MEDICAL | 2 | 3 | 282.60 | 94.20 | .036 | 141.30 | 3.40 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 176.19 | 25.17 | .084 | 88.10 | 2.12 |
| RADIOLOGY | 2 | 2 | 133.25 | 66.63 | .024 | 66.63 | 1.61 |
| ROOM USE | 1 | 1 | 39.32 | 39.32 | .012 | 39.32 | .47 |
| CROSSOVERS/ALL OTH OUTPTNT | 8 | 18 | 988.87 | 54.94 | .217 | 123.61 | 11.91 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | |
|------------------------------|---|---|----|--------|-----|-------|-----|-------|
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 2 | 7 | \$ | 90.64 | \$ | 12.95 | \$ | 45.32 |
| PATHOLOGY | 2 | 7 | | 90.64 | | 12.95 | | 45.32 |
| XO AND OTHERS | 0 | 0 | | .00 | | .000 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3 | 4 | \$ | 105.95 | \$ | 26.49 | \$ | 35.32 |
| CLINIC | 0 | 0 | | .00 | | .000 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .000 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .000 | | .00 |
| RURAL HEALTH CLINIC | 3 | 4 | | 105.95 | | 26.49 | | 35.32 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,384
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

| 83 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 6 | 9 | \$ 187.45 | \$ 20.83 | .108 | \$ 31.24 | \$ 2.26 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 | 6 | 78.24 | 13.04 | .072 | 26.08 | .94 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 3 | 3 | 109.21 | 36.40 | .036 | 36.40 | 1.32 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 23 | 115 | \$ 2,389.18 | \$ 20.78 | 1.386 | \$ 103.88 | \$ 28.79 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 10,386
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,387
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 10,388
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|-------------------------------|---|---|----|-----|-----|------|-----|-----|
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | .00 | .000 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | .00 | .000 | \$ | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,389

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

| 304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @TOTAL, ALL PROVIDERS | 277 | 2,426 | \$ 100,901.36 | \$ 41.59 | 7.980 | \$ 364.26 | \$ 331.91 |
| @PHYSICIANS SERVICES | 70 | 301 | \$ 4,147.33 | \$ 13.78 | .990 | \$ 59.25 | \$ 13.64 |
| OUTPATIENT VISITS | 10 | 10 | 344.10 | 34.41 | .033 | 34.41 | 1.13 |
| OFFICE VISITS | 10 | 10 | 344.10 | 34.41 | .033 | 34.41 | 1.13 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 65.65 | 32.83 | .007 | 32.83 | .22 |
| EXAMINATIONS | 2 | 2 | 65.65 | 32.83 | .007 | 32.83 | .22 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | 41.58 | 41.58 | .003 | 41.58 | .14 |
| RADIOLOGY | 4 | 4 | 76.89 | 19.22 | .013 | 19.22 | .25 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 58 | 284 | 3,619.11 | 12.74 | .934 | 62.40 | 11.90 |
| @PHARMACY | 239 | 1,041 | \$ 80,415.49 | \$ 77.25 | 3.424 | \$ 336.47 | \$ 264.52 |
| PRESCRIPTION DRUGS | 238 | 997 | 78,686.72 | 78.92 | 3.280 | 330.62 | 258.84 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 238 | 997 | 78,686.72 | 78.92 | 3.280 | 330.62 | 258.84 |
| MEDICAL SUPPLIES | 23 | 44 | 1,728.77 | 39.29 | .145 | 75.16 | 5.69 |
| @DENTIST | 13 | 74 | \$ 4,683.68 | \$ 63.29 | .243 | \$ 360.28 | \$ 15.41 |
| VISITS - DIAGNOSTIC | 11 | 51 | 535.00 | 10.49 | .168 | 48.64 | 1.76 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 1 | 200.00 | 200.00 | .003 | 200.00 | .66 |
| ENDODONTICS | 1 | 2 | 475.00 | 237.50 | .007 | 475.00 | 1.56 |
| RESTORATIVE DENTISTRY | 4 | 19 | 3,462.00 | 182.21 | .063 | 865.50 | 11.39 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-------|-------|------|-------|-----|
| DENTURES, STAYPLATES | 1 | 1 | 11.68 | 11.68 | .003 | 11.68 | .04 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,390
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

| 304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 6 | 18 | \$ 407.78 | \$ 22.65 | .059 | \$ 67.96 | \$ 1.34 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | 142.29 | 47.43 | .010 | 47.43 | .47 |
| EYE APPLIANCES | 6 | 15 | 265.49 | 17.70 | .049 | 44.25 | .87 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 2 | 2 | \$ 7.44 | \$ 3.72 | .007 | \$ 3.72 | \$.02 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 2 | 2 | 7.44 | 3.72 | .007 | 3.72 | .02 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 44 | 154 | \$ 7,062.19 | \$ 45.86 | .507 | \$ 160.50 | \$ 23.23 |
| HOSP INPATIENT TOTAL | 3 | 9 | 2,416.00 | 268.44 | .030 | 805.33 | 7.95 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 3 | 9 | 2,416.00 | 268.44 | .030 | 805.33 | 7.95 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 43 | 145 | 4,646.19 | 32.04 | .477 | 108.05 | 15.28 |
| MEDICAL | 2 | 3 | 282.60 | 94.20 | .010 | 141.30 | .93 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 176.19 | 25.17 | .023 | 88.10 | .58 |
| RADIOLOGY | 2 | 2 | 133.25 | 66.63 | .007 | 66.63 | .44 |
| ROOM USE | 1 | 1 | 39.32 | 39.32 | .003 | 39.32 | .13 |
| CROSSOVERS/ALL OTH OUTPTNT | 41 | 132 | 4,014.83 | 30.42 | .434 | 97.92 | 13.21 |
| @COUNTY HOSPITAL TOTAL | 1 | 2 | \$ 154.41 | \$ 77.21 | .007 | \$ 154.41 | \$.51 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|-------|------|--------|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 2 | 154.41 | 77.21 | .007 | 154.41 | .51 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 154.41 | 77.21 | .007 | 154.41 | .51 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,391
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

| 304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 43 | 152 | \$ 6,907.78 | \$ 45.45 | .500 | \$ 160.65 | \$ 22.72 |
| COMM HOSP INPATIENT TOTAL | 3 | 9 | 2,416.00 | 268.44 | .030 | 805.33 | 7.95 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 3 | 9 | 2,416.00 | 268.44 | .030 | 805.33 | 7.95 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 42 | 143 | 4,491.78 | 31.41 | .470 | 106.95 | 14.78 |
| MEDICAL | 2 | 3 | 282.60 | 94.20 | .010 | 141.30 | .93 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 176.19 | 25.17 | .023 | 88.10 | .58 |
| RADIOLOGY | 2 | 2 | 133.25 | 66.63 | .007 | 66.63 | .44 |
| ROOM USE | 1 | 1 | 39.32 | 39.32 | .003 | 39.32 | .13 |

| | | | | | | | | |
|------------------------------|----|-----|----|----------|----------|------|------------|---------|
| CROSSOVERS/ALL OTH OUTPTNT | 40 | 130 | | 3,860.42 | 29.70 | .428 | 96.51 | 12.70 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 0 | \$ | 1,522.50 | \$.00 | .000 | \$ 1522.50 | \$ 5.01 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 1 | 0 | | 1,522.50 | .00 | .000 | 1522.50 | 5.01 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 2 | 7 | \$ | 90.64 | \$ 12.95 | .023 | \$ 45.32 | \$.30 |
| PATHOLOGY | 2 | 7 | | 90.64 | 12.95 | .023 | 45.32 | .30 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 10 | 15 | \$ | 314.03 | \$ 20.94 | .049 | \$ 31.40 | \$ 1.03 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 10 | 15 | | 314.03 | 20.94 | .049 | 31.40 | 1.03 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 10,392
 01/17/03

| 304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 42 | 814 | \$ 2,250.28 | \$ 2.76 | 2.678 | \$ 53.58 | \$ 7.40 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 1 | 14 | 92.31 | 6.59 | .046 | 92.31 | .30 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 1 | 14 | 92.31 | 6.59 | .046 | 92.31 | .30 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 10 | 21 | 274.55 | 13.07 | .069 | 27.46 | .90 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 55.20 | 27.60 | .007 | 55.20 | .18 |

| | | | | | | | |
|-------------------------------|-----|-----|--------------|----------|-------|-----------|----------|
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 31 | 777 | 1,828.22 | 2.35 | 2.556 | 58.97 | 6.01 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 104 | 480 | \$ 12,995.66 | \$ 27.07 | 1.579 | \$ 124.96 | \$ 42.75 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,393 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED | AID CODE 18 |

| 333 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 300 | 4,792 | \$ 226,191.72 | \$ 47.20 | 14.390 | \$ 753.97 | \$ 679.25 |
| @PHYSICIANS SERVICES | 55 | 189 | \$ 2,794.77 | \$ 14.79 | .568 | \$ 50.81 | \$ 8.39 |
| OUTPATIENT VISITS | 5 | 7 | 285.60 | 40.80 | .021 | 57.12 | .86 |
| OFFICE VISITS | 5 | 7 | 285.60 | 40.80 | .021 | 57.12 | .86 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 42.13 | 42.13 | .003 | 42.13 | .13 |
| EXAMINATIONS | 1 | 1 | 42.13 | 42.13 | .003 | 42.13 | .13 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 1 | 87.49 | 87.49 | .003 | 87.49 | .26 |
| PRINCIPAL SURGEON | 1 | 1 | 87.49 | 87.49 | .003 | 87.49 | .26 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 2 | 10 | 583.04 | 58.30 | .030 | 291.52 | 1.75 |
| PATHOLOGY | 4 | 4 | 14.43 | 3.61 | .012 | 3.61 | .04 |
| RADIOLOGY | 2 | 3 | 156.18 | 52.06 | .009 | 78.09 | .47 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 48 | 163 | 1,625.90 | 9.97 | .489 | 33.87 | 4.88 |
| @PHARMACY | 250 | 1,652 | \$ 61,071.25 | \$ 36.97 | 4.961 | \$ 244.29 | \$ 183.40 |
| PRESCRIPTION DRUGS | 247 | 1,122 | 59,401.02 | 52.94 | 3.369 | 240.49 | 178.38 |
| SNF/ICF | 5 | 52 | 3,811.52 | 73.30 | .156 | 762.30 | 11.45 |
| OUTPATIENTS | 242 | 1,070 | 55,589.50 | 51.95 | 3.213 | 229.71 | 166.94 |
| MEDICAL SUPPLIES | 26 | 530 | 1,670.23 | 3.15 | 1.592 | 64.24 | 5.02 |
| @DENTIST | 14 | 47 | \$ 2,116.00 | \$ 45.02 | .141 | \$ 151.14 | \$ 6.35 |
| VISITS - DIAGNOSTIC | 10 | 33 | 359.00 | 10.88 | .099 | 35.90 | 1.08 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|----------|--------|------|--------|------|
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 2 | 2 | 255.00 | 127.50 | .006 | 127.50 | .77 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 3 | 7 | 272.00 | 38.86 | .021 | 90.67 | .82 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 4 | 5 | 1,230.00 | 246.00 | .015 | 307.50 | 3.69 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,394
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| 333 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 10 | 39 | \$ 421.19 | \$ 10.80 | .117 | \$ 42.12 | \$ 1.26 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 10 | 39 | 421.19 | 10.80 | .117 | 42.12 | 1.26 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 51 | 196 | \$ 10,795.96 | \$ 55.08 | .589 | \$ 211.69 | \$ 32.42 |
| HOSP INPATIENT TOTAL | 11 | 58 | 8,599.26 | 148.26 | .174 | 781.75 | 25.82 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 11 | 58 | 8,599.26 | 148.26 | .174 | 781.75 | 25.82 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 42 | 138 | 2,196.70 | 15.92 | .414 | 52.30 | 6.60 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 12 | 215.01 | 17.92 | .036 | 43.00 | .65 |
| RADIOLOGY | 1 | 2 | 86.61 | 43.31 | .006 | 86.61 | .26 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 37 | 124 | 1,895.08 | 15.28 | .372 | 51.22 | 5.69 |
| @COUNTY HOSPITAL TOTAL | 1 | 3 | \$ 14.37 | \$ 4.79 | .009 | \$ 14.37 | \$.04 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-------|------|------|-------|-----|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 3 | 14.37 | 4.79 | .009 | 14.37 | .04 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 3 | 14.37 | 4.79 | .009 | 14.37 | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,395
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| 333 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 50 | 193 | \$ 10,781.59 | \$ 55.86 | .580 | \$ 215.63 | \$ 32.38 |
| COMM HOSP INPATIENT TOTAL | 11 | 58 | 8,599.26 | 148.26 | .174 | 781.75 | 25.82 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 11 | 58 | 8,599.26 | 148.26 | .174 | 781.75 | 25.82 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 41 | 135 | 2,182.33 | 16.17 | .405 | 53.23 | 6.55 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 12 | 215.01 | 17.92 | .036 | 43.00 | .65 |
| RADIOLOGY | 1 | 2 | 86.61 | 43.31 | .006 | 86.61 | .26 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 36 | 121 | 1,880.71 | 15.54 | .363 | 52.24 | 5.65 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 21 | 527 | \$ 130,063.40 | \$ 246.80 | 1.583 | \$ 6193.50 | \$ 390.58 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 21 | 527 | 130,063.40 | 246.80 | 1.583 | 6193.50 | 390.58 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 5 | 356 | \$ 11,104.39 | \$ 31.19 | 1.069 | \$ 2220.88 | \$ 33.35 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 5 | 356 | 11,104.39 | 31.19 | 1.069 | 2220.88 | 33.35 |

| | | | | | | | | | | | |
|------------------------------|----|----|----|----------|----|-------|------|----|--------|----|------|
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 5 | 75 | \$ | 954.82 | \$ | 12.73 | .225 | \$ | 190.96 | \$ | 2.87 |
| PATHOLOGY | 4 | 74 | | 909.72 | | 12.29 | .222 | | 227.43 | | 2.73 |
| XO AND OTHERS | 1 | 1 | | 45.10 | | 45.10 | .003 | | 45.10 | | .14 |
| @ORGANIZED OUTPATIENT CLINIC | 15 | 23 | \$ | 1,946.22 | \$ | 84.62 | .069 | \$ | 129.75 | \$ | 5.84 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 15 | 23 | | 1,946.22 | | 84.62 | .069 | | 129.75 | | 5.84 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,396
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| 333 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 54 | 1,688 | \$ 4,923.72 | \$ 2.92 | 5.069 | \$ 91.18 | \$ 14.79 |
| DURABLE MED. EQUIP. | 1 | 2 | 98.83 | 49.42 | .006 | 98.83 | .30 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 16 | 157 | 1,676.87 | 10.68 | .471 | 104.80 | 5.04 |
| AMBULANCES/AIR TRANS | 3 | 8 | 311.55 | 38.94 | .024 | 103.85 | .94 |
| OTHER TRANS | 1 | 3 | 15.19 | 5.06 | .009 | 15.19 | .05 |
| OTHER SERVICES | 14 | 146 | 1,350.13 | 9.25 | .438 | 96.44 | 4.05 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-------|-----------|--------|-------|--------|--------|
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 687.52 | 343.76 | .006 | 687.52 | 2.06 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 40 | 1,527 | 2,460.50 | 1.61 | 4.586 | 61.51 | 7.39 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 115 | 966 | 45,404.42 | 47.00 | 2.901 | 394.82 | 136.35 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,397 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND | AID CODE 28 |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 1 | 6 | \$ 98.31 | \$ 16.39 | 1.200 | \$ 98.31 | \$ 19.66 | |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PHARMACY | 1 | 6 | \$ 98.31 | \$ 16.39 | 1.200 | \$ 98.31 | \$ 19.66 | |
| PRESCRIPTION DRUGS | 1 | 6 | 98.31 | 16.39 | 1.200 | 98.31 | 19.66 | |

| | | | | | | | |
|-------------------------|---|---|--------|--------|-------|--------|--------|
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 1 | 6 | 98.31 | 16.39 | 1.200 | 98.31 | 19.66 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

AID CODE 28

PAGE 10,398
 01/17/03

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,399
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|-------------|
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,400 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND | | | | | | AID CODE 28 |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| 303 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 331 | 40,464 | \$ 350,227.98 | \$ 8.66 | 133.545 | \$ 1058.09 | \$ 1155.87 |
| @PHYSICIANS SERVICES | 87 | 393 | \$ 10,609.01 | \$ 26.99 | 1.297 | \$ 121.94 | \$ 35.01 |
| OUTPATIENT VISITS | 33 | 74 | 4,245.22 | 57.37 | .244 | 128.64 | 14.01 |
| OFFICE VISITS | 9 | 13 | 471.30 | 36.25 | .043 | 52.37 | 1.56 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 18 | 42 | 2,577.39 | 61.37 | .139 | 143.19 | 8.51 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 9 | 19 | 1,196.53 | 62.98 | .063 | 132.95 | 3.95 |
| INPATIENT VISITS | 9 | 18 | 949.81 | 52.77 | .059 | 105.53 | 3.13 |
| HOSPITAL VISITS | 8 | 17 | 877.71 | 51.63 | .056 | 109.71 | 2.90 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 1 | 72.10 | 72.10 | .003 | 72.10 | .24 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 6 | 42 | 1,998.96 | 47.59 | .139 | 333.16 | 6.60 |
| PRINCIPAL SURGEON | 2 | 3 | 1,164.93 | 388.31 | .010 | 582.47 | 3.84 |
| ASSISTANT SURGEON | 1 | 1 | 48.77 | 48.77 | .003 | 48.77 | .16 |
| ANESTHESIOLOGIST | 3 | 38 | 785.26 | 20.66 | .125 | 261.75 | 2.59 |
| OUTPATIENT SURGERY | 5 | 7 | 413.65 | 59.09 | .023 | 82.73 | 1.37 |
| PRINCIPAL SURGEON | 5 | 7 | 413.65 | 59.09 | .023 | 82.73 | 1.37 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 14 | 320.96 | 22.93 | .046 | 80.24 | 1.06 |

| | | | | | | | | | |
|----------------------------|---|-------|----|------------|----|--------|--------|-----------|-----------|
| RADIOLOGY | 17 | 27 | | 1,376.83 | | 50.99 | .089 | 80.99 | 4.54 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 50 | 211 | | 1,303.58 | | 6.18 | .696 | 26.07 | 4.30 |
| @PHARMACY | 267 | 4,683 | \$ | 131,773.41 | \$ | 28.14 | 15.455 | \$ 493.53 | \$ 434.90 |
| PRESCRIPTION DRUGS | 257 | 1,340 | | 122,370.09 | | 91.32 | 4.422 | 476.15 | 403.86 |
| SNF/ICF | 2 | 3 | | 91.48 | | 30.49 | .010 | 45.74 | .30 |
| OUTPATIENTS | 255 | 1,337 | | 122,278.61 | | 91.46 | 4.413 | 479.52 | 403.56 |
| MEDICAL SUPPLIES | 68 | 3,343 | | 9,403.32 | | 2.81 | 11.033 | 138.28 | 31.03 |
| @DENTIST | 21 | 112 | \$ | 6,730.00 | \$ | 60.09 | .370 | \$ 320.48 | \$ 22.21 |
| VISITS - DIAGNOSTIC | 11 | 46 | | 737.00 | | 16.02 | .152 | 67.00 | 2.43 |
| ORAL SURGERY | 8 | 28 | | 1,734.00 | | 61.93 | .092 | 216.75 | 5.72 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | | 200.00 | | 100.00 | .007 | 100.00 | .66 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 2 | | 430.00 | | 215.00 | .007 | 430.00 | 1.42 |
| RESTORATIVE DENTISTRY | 6 | 20 | | 1,614.00 | | 80.70 | .066 | 269.00 | 5.33 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 4 | 14 | | 2,015.00 | | 143.93 | .046 | 503.75 | 6.65 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED | | | | | | | | |
| | AID CODE 68 | | | | | | | | |

PAGE 10,402
01/17/03

| 303 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 4 | 18 | \$ 366.86 | \$ 20.38 | .059 | \$ 91.72 | \$ 1.21 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | 142.35 | 47.45 | .010 | 47.45 | .47 |
| EYE APPLIANCES | 4 | 15 | 224.51 | 14.97 | .050 | 56.13 | .74 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 7 | 9 | \$ 113.29 | \$ 12.59 | .030 | \$ 16.18 | \$.37 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 7 | 9 | 113.29 | 12.59 | .030 | 16.18 | .37 |
| @HOME HEALTH AGENCY | 5 | 75 | \$ 5,573.48 | \$ 74.31 | .248 | \$ 1114.70 | \$ 18.39 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 1 | \$ 13.70 | \$ 13.70 | .003 | \$ 13.70 | \$.05 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 78 | 767 | \$ 122,366.82 | \$ 159.54 | 2.531 | \$ 1568.81 | \$ 403.85 |
| HOSP INPATIENT TOTAL | 12 | 162 | 110,641.71 | 682.97 | .535 | 9220.14 | 365.15 |
| HSC HOSPITALS | 5 | 16 | 22,783.00 | 1423.94 | .053 | 4556.60 | 75.19 |
| NON-HSC HOSPITAL TOTAL | 3 | 83 | 82,813.12 | 997.75 | .274 | 27604.37 | 273.31 |
| ACCOMMODATIONS | 3 | 83 | 23,070.90 | 277.96 | .274 | 7690.30 | 76.14 |
| ADMINISTRATIVE DAYS | 1 | 70 | 16,191.00 | 231.30 | .231 | 16191.00 | 53.44 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 13 | 6,879.90 | 529.22 | .043 | 3439.95 | 22.71 |
| ANCILLARIES | 3 | 0 | 59,742.22 | .00 | .000 | 19914.07 | 197.17 |

| | | | | | | | |
|-----------------------------|----|-----|--------------|-----------|-------|------------|-----------|
| INPATIENT CROSSOVERS | 5 | 63 | 5,045.59 | 80.09 | .208 | 1009.12 | 16.65 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 74 | 605 | 11,725.11 | 19.38 | 1.997 | 158.45 | 38.70 |
| MEDICAL | 14 | 21 | 736.97 | 35.09 | .069 | 52.64 | 2.43 |
| SURGERY | 2 | 2 | 72.83 | 36.42 | .007 | 36.42 | .24 |
| PATHOLOGY | 27 | 268 | 2,406.86 | 8.98 | .884 | 89.14 | 7.94 |
| RADIOLOGY | 13 | 22 | 2,420.25 | 110.01 | .073 | 186.17 | 7.99 |
| ROOM USE | 27 | 53 | 2,069.01 | 39.04 | .175 | 76.63 | 6.83 |
| CROSSOVERS/ALL OTH OUTPTNT | 54 | 239 | 4,019.19 | 16.82 | .789 | 74.43 | 13.26 |
| @COUNTY HOSPITAL TOTAL | 8 | 105 | \$ 64,636.83 | \$ 615.59 | .347 | \$ 8079.60 | \$ 213.32 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 74 | 63,462.76 | 857.60 | .244 | 63462.76 | 209.45 |
| HSC HOSPITALS | 1 | 4 | 5,408.00 | 1352.00 | .013 | 5408.00 | 17.85 |
| NON-HSC HOSPITALS TOTAL | 1 | 70 | 58,054.76 | 829.35 | .231 | 58054.76 | 191.60 |
| ACCOMMODATIONS | 1 | 70 | 16,191.00 | 231.30 | .231 | 16191.00 | 53.44 |
| ADMINISTRATIVE DAYS | 1 | 70 | 16,191.00 | 231.30 | .231 | 16191.00 | 53.44 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 1 | 0 | 41,863.76 | .00 | .000 | 41863.76 | 138.16 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 31 | 1,174.07 | 37.87 | .102 | 167.72 | 3.87 |
| MEDICAL | 4 | 6 | 304.93 | 50.82 | .020 | 76.23 | 1.01 |
| SURGERY | 1 | 1 | 27.86 | 27.86 | .003 | 27.86 | .09 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | 319.58 | .00 | .000 | .00 | 1.05 |
| ROOM USE | 5 | 10 | 468.24 | 46.82 | .033 | 93.65 | 1.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 14 | 53.46 | 3.82 | .046 | 13.37 | .18 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,403
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

| 303 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 73 | 662 | \$ 57,729.99 | \$ 87.21 | 2.185 | \$ 790.82 | \$ 190.53 |
| COMM HOSP INPATIENT TOTAL | 11 | 88 | 47,178.95 | 536.12 | .290 | 4289.00 | 155.71 |
| HSC HOSPITALS | 4 | 12 | 17,375.00 | 1447.92 | .040 | 4343.75 | 57.34 |
| NON-HSC HOSPITALS TOTAL | 2 | 13 | 24,758.36 | 1904.49 | .043 | 12379.18 | 81.71 |
| ACCOMMODATIONS | 2 | 13 | 6,879.90 | 529.22 | .043 | 3439.95 | 22.71 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 13 | 6,879.90 | 529.22 | .043 | 3439.95 | 22.71 |
| ANCILLARIES | 2 | 0 | 17,878.46 | .00 | .000 | 8939.23 | 59.00 |
| INPATIENT CROSSOVERS | 5 | 63 | 5,045.59 | 80.09 | .208 | 1009.12 | 16.65 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 70 | 574 | 10,551.04 | 18.38 | 1.894 | 150.73 | 34.82 |
| MEDICAL | 11 | 15 | 432.04 | 28.80 | .050 | 39.28 | 1.43 |
| SURGERY | 1 | 1 | 44.97 | 44.97 | .003 | 44.97 | .15 |
| PATHOLOGY | 27 | 268 | 2,406.86 | 8.98 | .884 | 89.14 | 7.94 |
| RADIOLOGY | 13 | 22 | 2,100.67 | 95.49 | .073 | 161.59 | 6.93 |
| ROOM USE | 24 | 43 | 1,600.77 | 37.23 | .142 | 66.70 | 5.28 |
| CROSSOVERS/ALL OTH OUTPTNT | 52 | 225 | 3,965.73 | 17.63 | .743 | 76.26 | 13.09 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 6 | 174 | \$ 35,117.46 | \$ 201.82 | .574 | \$ 5852.91 | \$ 115.90 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|----|-----|----|-----------|-----------|------|-----------|----------|
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 6 | 174 | | 35,117.46 | 201.82 | .574 | 5852.91 | 115.90 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 5 | 3 | \$ | 1,265.55 | \$ 421.85 | .010 | \$ 253.11 | \$ 4.18 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 5 | 3 | | 1,265.55 | 421.85 | .010 | 253.11 | 4.18 |
| @REHABILITATION FACILITY | 1 | 2 | \$ | 37.13 | \$ 18.57 | .007 | \$ 37.13 | \$.12 |
| HOSPITAL BASED | 1 | 2 | | 37.13 | 18.57 | .007 | 37.13 | .12 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3 | 6 | \$ | 62.68 | \$ 10.45 | .020 | \$ 20.89 | \$.21 |
| PATHOLOGY | 3 | 6 | | 62.68 | 10.45 | .020 | 20.89 | .21 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 39 | 62 | \$ | 6,799.18 | \$ 109.66 | .205 | \$ 174.34 | \$ 22.44 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 39 | 62 | | 6,799.18 | 109.66 | .205 | 174.34 | 22.44 |

#CALIF DEPT OF HEALTH SERV MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

| 303 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 101 | 34,159 | \$ 29,399.41 | \$.86 | 112.736 | \$ 291.08 | \$ 97.03 |
| DURABLE MED. EQUIP. | 19 | 97 | 12,384.83 | 127.68 | .320 | 651.83 | 40.87 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 17 | 324 | 5,079.85 | 15.68 | 1.069 | 298.81 | 16.77 |
| AMBULANCES/AIR TRANS | 8 | 210 | 2,517.21 | 11.99 | .693 | 314.65 | 8.31 |
| OTHER TRANS | 1 | 34 | 69.19 | 2.04 | .112 | 69.19 | .23 |
| OTHER SERVICES | 8 | 80 | 2,493.45 | 31.17 | .264 | 311.68 | 8.23 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 5 | 13 | 116.50 | 8.96 | .043 | 23.30 | .38 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 20 | 2,455.30 | 122.77 | .066 | 2455.30 | 8.10 |
| PROSTHETICS | 1 | 20 | 2,455.30 | 122.77 | .066 | 2455.30 | 8.10 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|-------------------------------|-----|--------|----|-----------|----|--------|---------|----|--------|----|-------|
| ALL OTHER PROVIDERS | 71 | 33,705 | | 9,362.93 | | .28 | 111.238 | | 131.87 | | 30.90 |
| @CALIF. CHILDREN SERVICES* | 30 | 216 | \$ | 25,919.39 | \$ | 120.00 | .713 | \$ | 863.98 | \$ | 85.54 |
| @XOVER EXCLUDING STATE HOSP** | 105 | 2,692 | \$ | 22,128.97 | \$ | 8.22 | 8.884 | \$ | 210.75 | \$ | 73.03 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,405

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

| 641 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @TOTAL, ALL PROVIDERS | 632 | 45,262 | \$ 576,518.01 | \$ 12.74 | 70.612 | \$ 912.21 | \$ 899.40 |
| @PHYSICIANS SERVICES | 142 | 582 | \$ 13,403.78 | \$ 23.03 | .908 | \$ 94.39 | \$ 20.91 |
| OUTPATIENT VISITS | 38 | 81 | 4,530.82 | 55.94 | .126 | 119.23 | 7.07 |
| OFFICE VISITS | 14 | 20 | 756.90 | 37.85 | .031 | 54.06 | 1.18 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 18 | 42 | 2,577.39 | 61.37 | .066 | 143.19 | 4.02 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 9 | 19 | 1,196.53 | 62.98 | .030 | 132.95 | 1.87 |
| INPATIENT VISITS | 9 | 18 | 949.81 | 52.77 | .028 | 105.53 | 1.48 |
| HOSPITAL VISITS | 8 | 17 | 877.71 | 51.63 | .027 | 109.71 | 1.37 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 1 | 72.10 | 72.10 | .002 | 72.10 | .11 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 42.13 | 42.13 | .002 | 42.13 | .07 |
| EXAMINATIONS | 1 | 1 | 42.13 | 42.13 | .002 | 42.13 | .07 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 6 | 42 | 1,998.96 | 47.59 | .066 | 333.16 | 3.12 |
| PRINCIPAL SURGEON | 2 | 3 | 1,164.93 | 388.31 | .005 | 582.47 | 1.82 |
| ASSISTANT SURGEON | 1 | 1 | 48.77 | 48.77 | .002 | 48.77 | .08 |
| ANESTHESIOLOGIST | 3 | 38 | 785.26 | 20.66 | .059 | 261.75 | 1.23 |
| OUTPATIENT SURGERY | 6 | 8 | 501.14 | 62.64 | .012 | 83.52 | .78 |
| PRINCIPAL SURGEON | 6 | 8 | 501.14 | 62.64 | .012 | 83.52 | .78 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 2 | 10 | 583.04 | 58.30 | .016 | 291.52 | .91 |
| PATHOLOGY | 8 | 18 | 335.39 | 18.63 | .028 | 41.92 | .52 |
| RADIOLOGY | 19 | 30 | 1,533.01 | 51.10 | .047 | 80.68 | 2.39 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 98 | 374 | 2,929.48 | 7.83 | .583 | 29.89 | 4.57 |
| @PHARMACY | 518 | 6,341 | \$ 192,942.97 | \$ 30.43 | 9.892 | \$ 372.48 | \$ 301.00 |
| PRESCRIPTION DRUGS | 505 | 2,468 | 181,869.42 | 73.69 | 3.850 | 360.14 | 283.73 |
| SNF/ICF | 7 | 55 | 3,903.00 | 70.96 | .086 | 557.57 | 6.09 |
| OUTPATIENTS | 498 | 2,413 | 177,966.42 | 73.75 | 3.764 | 357.36 | 277.64 |
| MEDICAL SUPPLIES | 94 | 3,873 | 11,073.55 | 2.86 | 6.042 | 117.80 | 17.28 |
| @DENTIST | 35 | 159 | \$ 8,846.00 | \$ 55.64 | .248 | \$ 252.74 | \$ 13.80 |
| VISITS - DIAGNOSTIC | 21 | 79 | 1,096.00 | 13.87 | .123 | 52.19 | 1.71 |
| ORAL SURGERY | 8 | 28 | 1,734.00 | 61.93 | .044 | 216.75 | 2.71 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .003 | 100.00 | .31 |
| PERIODONTICS | 2 | 2 | 255.00 | 127.50 | .003 | 127.50 | .40 |
| ENDODONTICS | 1 | 2 | 430.00 | 215.00 | .003 | 430.00 | .67 |
| RESTORATIVE DENTISTRY | 9 | 27 | 1,886.00 | 69.85 | .042 | 209.56 | 2.94 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|----|----------|--------|------|--------|------|
| DENTURES, STAYPLATES | 8 | 19 | 3,245.00 | 170.79 | .030 | 405.63 | 5.06 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR IN HOME SUPPORT

PAGE 10,406
 01/17/03

| 641 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @OPTOMETRIST | 4 | 18 | \$ 366.86 | \$ 20.38 | .028 | \$ 91.72 | \$.57 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | 142.35 | 47.45 | .005 | 47.45 | .22 |
| EYE APPLIANCES | 4 | 15 | 224.51 | 14.97 | .023 | 56.13 | .35 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 17 | 48 | \$ 534.48 | \$ 11.14 | .075 | \$ 31.44 | \$.83 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 17 | 48 | 534.48 | 11.14 | .075 | 31.44 | .83 |
| @HOME HEALTH AGENCY | 5 | 75 | \$ 5,573.48 | \$ 74.31 | .117 | \$ 1114.70 | \$ 8.69 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 1 | 13.70 | 13.70 | .002 | 13.70 | .02 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 129 | 963 | \$ 133,162.78 | \$ 138.28 | 1.502 | \$ 1032.27 | \$ 207.74 |
| HOSP INPATIENT TOTAL | 23 | 220 | 119,240.97 | 542.00 | .343 | 5184.39 | 186.02 |
| HSC HOSPITALS | 5 | 16 | 22,783.00 | 1423.94 | .025 | 4556.60 | 35.54 |

| | | | | | | | |
|-----------------------------|-----|-----|--------------|-----------|-------|------------|-----------|
| NON-HSC HOSPITAL TOTAL | 3 | 83 | 82,813.12 | 997.75 | .129 | 27604.37 | 129.19 |
| ACCOMMODATIONS | 3 | 83 | 23,070.90 | 277.96 | .129 | 7690.30 | 35.99 |
| ADMINISTRATIVE DAYS | 1 | 70 | 16,191.00 | 231.30 | .109 | 16191.00 | 25.26 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 13 | 6,879.90 | 529.22 | .020 | 3439.95 | 10.73 |
| ANCILLARIES | 3 | 0 | 59,742.22 | .00 | .000 | 19914.07 | 93.20 |
| INPATIENT CROSSOVERS | 16 | 121 | 13,644.85 | 112.77 | .189 | 852.80 | 21.29 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 116 | 743 | 13,921.81 | 18.74 | 1.159 | 120.02 | 21.72 |
| MEDICAL | 14 | 21 | 736.97 | 35.09 | .033 | 52.64 | 1.15 |
| SURGERY | 2 | 2 | 72.83 | 36.42 | .003 | 36.42 | .11 |
| PATHOLOGY | 32 | 280 | 2,621.87 | 9.36 | .437 | 81.93 | 4.09 |
| RADIOLOGY | 14 | 24 | 2,506.86 | 104.45 | .037 | 179.06 | 3.91 |
| ROOM USE | 27 | 53 | 2,069.01 | 39.04 | .083 | 76.63 | 3.23 |
| CROSSOVERS/ALL OTH OUTPTNT | 91 | 363 | 5,914.27 | 16.29 | .566 | 64.99 | 9.23 |
| @COUNTY HOSPITAL TOTAL | 9 | 108 | \$ 64,651.20 | \$ 598.62 | .168 | \$ 7183.47 | \$ 100.86 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 74 | 63,462.76 | 857.60 | .115 | 63462.76 | 99.01 |
| HSC HOSPITALS | 1 | 4 | 5,408.00 | 1352.00 | .006 | 5408.00 | 8.44 |
| NON-HSC HOSPITALS TOTAL | 1 | 70 | 58,054.76 | 829.35 | .109 | 58054.76 | 90.57 |
| ACCOMMODATIONS | 1 | 70 | 16,191.00 | 231.30 | .109 | 16191.00 | 25.26 |
| ADMINISTRATIVE DAYS | 1 | 70 | 16,191.00 | 231.30 | .109 | 16191.00 | 25.26 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 1 | 0 | 41,863.76 | .00 | .000 | 41863.76 | 65.31 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 8 | 34 | 1,188.44 | 34.95 | .053 | 148.56 | 1.85 |
| MEDICAL | 4 | 6 | 304.93 | 50.82 | .009 | 76.23 | .48 |
| SURGERY | 1 | 1 | 27.86 | 27.86 | .002 | 27.86 | .04 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | 319.58 | .00 | .000 | .00 | .50 |
| ROOM USE | 5 | 10 | 468.24 | 46.82 | .016 | 93.65 | .73 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 17 | 67.83 | 3.99 | .027 | 13.57 | .11 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,407
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

| 641 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 123 | 855 | \$ 68,511.58 | \$ 80.13 | 1.334 | \$ 557.00 | \$ 106.88 |
| COMM HOSP INPATIENT TOTAL | 22 | 146 | 55,778.21 | 382.04 | .228 | 2535.37 | 87.02 |
| HSC HOSPITALS | 4 | 12 | 17,375.00 | 1447.92 | .019 | 4343.75 | 27.11 |
| NON-HSC HOSPITALS TOTAL | 2 | 13 | 24,758.36 | 1904.49 | .020 | 12379.18 | 38.62 |
| ACCOMMODATIONS | 2 | 13 | 6,879.90 | 529.22 | .020 | 3439.95 | 10.73 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 13 | 6,879.90 | 529.22 | .020 | 3439.95 | 10.73 |
| ANCILLARIES | 2 | 0 | 17,878.46 | .00 | .000 | 8939.23 | 27.89 |
| INPATIENT CROSSOVERS | 16 | 121 | 13,644.85 | 112.77 | .189 | 852.80 | 21.29 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 111 | 709 | 12,733.37 | 17.96 | 1.106 | 114.72 | 19.86 |
| MEDICAL | 11 | 15 | 432.04 | 28.80 | .023 | 39.28 | .67 |
| SURGERY | 1 | 1 | 44.97 | 44.97 | .002 | 44.97 | .07 |
| PATHOLOGY | 32 | 280 | 2,621.87 | 9.36 | .437 | 81.93 | 4.09 |
| RADIOLOGY | 14 | 24 | 2,187.28 | 91.14 | .037 | 156.23 | 3.41 |
| ROOM USE | 24 | 43 | 1,600.77 | 37.23 | .067 | 66.70 | 2.50 |

| | | | | | | | | | |
|------------------------------|----|-----|----|------------|----|--------|-------|------------|-----------|
| CROSSOVERS/ALL OTH OUTPTNT | 88 | 346 | | 5,846.44 | | 16.90 | .540 | 66.44 | 9.12 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 27 | 701 | \$ | 165,180.86 | \$ | 235.64 | 1.094 | \$ 6117.81 | \$ 257.69 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 27 | 701 | | 165,180.86 | | 235.64 | 1.094 | 6117.81 | 257.69 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 10 | 359 | \$ | 12,369.94 | \$ | 34.46 | .560 | \$ 1236.99 | \$ 19.30 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 10 | 359 | | 12,369.94 | | 34.46 | .560 | 1236.99 | 19.30 |
| @REHABILITATION FACILITY | 1 | 2 | \$ | 37.13 | \$ | 18.57 | .003 | \$ 37.13 | \$.06 |
| HOSPITAL BASED | 1 | 2 | | 37.13 | | 18.57 | .003 | 37.13 | .06 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 8 | 81 | \$ | 1,017.50 | \$ | 12.56 | .126 | \$ 127.19 | \$ 1.59 |
| PATHOLOGY | 7 | 80 | | 972.40 | | 12.16 | .125 | 138.91 | 1.52 |
| XO AND OTHERS | 1 | 1 | | 45.10 | | 45.10 | .002 | 45.10 | .07 |
| @ORGANIZED OUTPATIENT CLINIC | 54 | 85 | \$ | 8,745.40 | \$ | 102.89 | .133 | \$ 161.95 | \$ 13.64 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 54 | 85 | | 8,745.40 | | 102.89 | .133 | 161.95 | 13.64 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,408
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

| 641 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 155 | 35,847 | \$ 34,323.13 | \$.96 | 55.924 | \$ 221.44 | \$ 53.55 |
| DURABLE MED. EQUIP. | 20 | 99 | 12,483.66 | 126.10 | .154 | 624.18 | 19.48 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 33 | 481 | 6,756.72 | 14.05 | .750 | 204.75 | 10.54 |
| AMBULANCES/AIR TRANS | 11 | 218 | 2,828.76 | 12.98 | .340 | 257.16 | 4.41 |
| OTHER TRANS | 2 | 37 | 84.38 | 2.28 | .058 | 42.19 | .13 |
| OTHER SERVICES | 22 | 226 | 3,843.58 | 17.01 | .353 | 174.71 | 6.00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 5 | 13 | 116.50 | 8.96 | .020 | 23.30 | .18 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 20 | 2,455.30 | 122.77 | .031 | 2455.30 | 3.83 |
| PROSTHETICS | 1 | 20 | 2,455.30 | 122.77 | .031 | 2455.30 | 3.83 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 687.52 | 343.76 | .003 | 687.52 | 1.07 |

| | | | | | | | |
|-------------------------------|-----|--------|--------------|-----------|--------|-----------|-----------|
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 111 | 35,232 | 11,823.43 | .34 | 54.964 | 106.52 | 18.45 |
| @CALIF. CHILDREN SERVICES* | 30 | 216 | \$ 25,919.39 | \$ 120.00 | .337 | \$ 863.98 | \$ 40.44 |
| @XOVER EXCLUDING STATE HOSP** | 220 | 3,658 | \$ 67,533.39 | \$ 18.46 | 5.707 | \$ 306.97 | \$ 105.36 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,409
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| 4,354 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 3,225 | 46,572 | \$ 1,076,992.65 | \$ 23.13 | 10.696 | \$ 333.95 | \$ 247.36 |
| @PHYSICIANS SERVICES | 675 | 1,932 | \$ 29,827.03 | \$ 15.44 | .444 | \$ 44.19 | \$ 6.85 |
| OUTPATIENT VISITS | 21 | 27 | 1,322.44 | 48.98 | .006 | 62.97 | .30 |
| OFFICE VISITS | 15 | 20 | 724.80 | 36.24 | .005 | 48.32 | .17 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 7 | 7 | 597.64 | 85.38 | .002 | 85.38 | .14 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 5 | 10 | 609.65 | 60.97 | .002 | 121.93 | .14 |
| HOSPITAL VISITS | 5 | 9 | 488.05 | 54.23 | .002 | 97.61 | .11 |
| CRITICAL CARE | 1 | 1 | 121.60 | 121.60 | .000 | 121.60 | .03 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 79.28 | 39.64 | .000 | 39.64 | .02 |
| EXAMINATIONS | 2 | 2 | 79.28 | 39.64 | .000 | 39.64 | .02 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 10 | 680.75 | 68.08 | .002 | 340.38 | .16 |
| PRINCIPAL SURGEON | 1 | 1 | 466.12 | 466.12 | .000 | 466.12 | .11 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 9 | 214.63 | 23.85 | .002 | 214.63 | .05 |
| OUTPATIENT SURGERY | 3 | 5 | 242.00 | 48.40 | .001 | 80.67 | .06 |
| PRINCIPAL SURGEON | 3 | 5 | 242.00 | 48.40 | .001 | 80.67 | .06 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 2 | 10 | 583.04 | 58.30 | .002 | 291.52 | .13 |
| PATHOLOGY | 6 | 19 | 72.09 | 3.79 | .004 | 12.02 | .02 |
| RADIOLOGY | 12 | 24 | 719.93 | 30.00 | .006 | 59.99 | .17 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 646 | 1,825 | 25,517.85 | 13.98 | .419 | 39.50 | 5.86 |
| @PHARMACY | 2,806 | 14,783 | \$ 619,269.85 | \$ 41.89 | 3.395 | \$ 220.69 | \$ 142.23 |
| PRESCRIPTION DRUGS | 2,785 | 10,347 | 593,396.36 | 57.35 | 2.376 | 213.07 | 136.29 |
| SNF/ICF | 9 | 70 | 4,386.37 | 62.66 | .016 | 487.37 | 1.01 |
| OUTPATIENTS | 2,777 | 10,277 | 589,009.99 | 57.31 | 2.360 | 212.10 | 135.28 |
| MEDICAL SUPPLIES | 313 | 4,436 | 25,873.49 | 5.83 | 1.019 | 82.66 | 5.94 |
| @DENTIST | 146 | 671 | \$ 29,197.03 | \$ 43.51 | .154 | \$ 199.98 | \$ 6.71 |
| VISITS - DIAGNOSTIC | 95 | 428 | 5,551.35 | 12.97 | .098 | 58.44 | 1.28 |
| ORAL SURGERY | 12 | 32 | 1,438.00 | 44.94 | .007 | 119.83 | .33 |

| | | | | | | | |
|-------------------------|----|-----|-----------|--------|------|--------|------|
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .000 | 100.00 | .02 |
| PERIODONTICS | 9 | 9 | 1,655.00 | 183.89 | .002 | 183.89 | .38 |
| ENDODONTICS | 8 | 10 | 2,560.00 | 256.00 | .002 | 320.00 | .59 |
| RESTORATIVE DENTISTRY | 40 | 128 | 11,835.00 | 92.46 | .029 | 295.88 | 2.72 |
| PROSTHETICS | 1 | 1 | 50.00 | 50.00 | .000 | 50.00 | .01 |
| DENTURES, STAYPLATES | 23 | 62 | 6,007.68 | 96.90 | .014 | 261.20 | 1.38 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,410
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| 4,354 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 58 | 182 | \$ 4,038.95 | \$ 22.19 | .042 | \$ 69.64 | \$.93 |
| DIAGNOSTIC AND ANC. PROCED | 29 | 29 | 1,351.19 | 46.59 | .007 | 46.59 | .31 |
| EYE APPLIANCES | 53 | 150 | 2,575.10 | 17.17 | .034 | 48.59 | .59 |
| OTHER OPTOMETRIC SERVICES | 2 | 3 | 112.66 | 37.55 | .001 | 56.33 | .03 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 26 | 65 | \$ 877.40 | \$ 13.50 | .015 | \$ 33.75 | \$.20 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 26 | 65 | 877.40 | 13.50 | .015 | 33.75 | .20 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 469 | 1,706 | \$ 138,486.19 | \$ 81.18 | .392 | \$ 295.28 | \$ 31.81 |
| HOSP INPATIENT TOTAL | 69 | 346 | 105,766.23 | 305.68 | .079 | 1532.84 | 24.29 |
| HSC HOSPITALS | 6 | 21 | 17,716.92 | 843.66 | .005 | 2952.82 | 4.07 |
| NON-HSC HOSPITAL TOTAL | 5 | 27 | 33,108.88 | 1226.25 | .006 | 6621.78 | 7.60 |
| ACCOMMODATIONS | 5 | 27 | 11,833.18 | 438.27 | .006 | 2366.64 | 2.72 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 5 | 27 | 11,833.18 | 438.27 | .006 | 2366.64 | 2.72 |
| ANCILLARIES | 5 | 0 | 21,275.70 | .00 | .000 | 4255.14 | 4.89 |
| INPATIENT CROSSOVERS | 59 | 298 | 54,940.43 | 184.36 | .068 | 931.19 | 12.62 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 416 | 1,360 | 32,719.96 | 24.06 | .312 | 78.65 | 7.51 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 12 | 33 | 515.83 | 15.63 | .008 | 42.99 | .12 |
| RADIOLOGY | 8 | 10 | 672.12 | 67.21 | .002 | 84.02 | .15 |
| ROOM USE | 3 | 2 | 69.91 | 34.96 | .000 | 23.30 | .02 |
| CROSSOVERS/ALL OTH OUTPTNT | 403 | 1,315 | 31,462.10 | 23.93 | .302 | 78.07 | 7.23 |
| @COUNTY HOSPITAL TOTAL | 9 | 43 | \$ 4,857.75 | \$ 112.97 | .010 | \$ 539.75 | \$ 1.12 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 4 | 3,686.98 | 921.75 | .001 | 3686.98 | .85 |
| HSC HOSPITALS | 1 | 4 | 3,686.98 | 921.75 | .001 | 3686.98 | .85 |

| | | | | | | | |
|----------------------------|---|----|----------|-------|------|--------|-----|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 8 | 39 | 1,170.77 | 30.02 | .009 | 146.35 | .27 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 8 | 39 | 1,170.77 | 30.02 | .009 | 146.35 | .27 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,411
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 4,354 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 462 | 1,663 | \$ 133,628.44 | \$ 80.35 | .382 | \$ 289.24 | \$ 30.69 | |
| COMM HOSP INPATIENT TOTAL | 69 | 342 | 102,079.25 | 298.48 | .079 | 1479.41 | 23.44 | |
| HSC HOSPITALS | 5 | 17 | 14,029.94 | 825.29 | .004 | 2805.99 | 3.22 | |
| NON-HSC HOSPITALS TOTAL | 5 | 27 | 33,108.88 | 1226.25 | .006 | 6621.78 | 7.60 | |
| ACCOMMODATIONS | 5 | 27 | 11,833.18 | 438.27 | .006 | 2366.64 | 2.72 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 5 | 27 | 11,833.18 | 438.27 | .006 | 2366.64 | 2.72 | |
| ANCILLARIES | 5 | 0 | 21,275.70 | .00 | .000 | 4255.14 | 4.89 | |
| INPATIENT CROSSOVERS | 59 | 298 | 54,940.43 | 184.36 | .068 | 931.19 | 12.62 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | |
|------------------------------|-----|-------|----|------------|-----------|------|------------|----------|
| COMM HOSP OUTPATIENT TOTAL | 409 | 1,321 | | 31,549.19 | 23.88 | .303 | 77.14 | 7.25 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 12 | 33 | | 515.83 | 15.63 | .008 | 42.99 | .12 |
| RADIOLOGY | 8 | 10 | | 672.12 | 67.21 | .002 | 84.02 | .15 |
| ROOM USE | 3 | 2 | | 69.91 | 34.96 | .000 | 23.30 | .02 |
| CROSSOVERS/ALL OTH OUTPTNT | 396 | 1,276 | | 30,291.33 | 23.74 | .293 | 76.49 | 6.96 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 37 | 591 | \$ | 159,404.57 | \$ 269.72 | .136 | \$ 4308.23 | \$ 36.61 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 37 | 591 | | 159,404.57 | 269.72 | .136 | 4308.23 | 36.61 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 20 | 372 | \$ | 20,969.82 | \$ 56.37 | .085 | \$ 1048.49 | \$ 4.82 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 20 | 372 | | 20,969.82 | 56.37 | .085 | 1048.49 | 4.82 |
| @REHABILITATION FACILITY | 1 | 1 | \$ | 48.00 | \$ 48.00 | .000 | \$ 48.00 | \$.01 |
| HOSPITAL BASED | 1 | 1 | | 48.00 | 48.00 | .000 | 48.00 | .01 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 10 | 89 | \$ | 1,191.82 | \$ 13.39 | .020 | \$ 119.18 | \$.27 |
| PATHOLOGY | 6 | 79 | | 1,006.40 | 12.74 | .018 | 167.73 | .23 |
| XO AND OTHERS | 4 | 10 | | 185.42 | 18.54 | .002 | 46.36 | .04 |
| @ORGANIZED OUTPATIENT CLINIC | 237 | 360 | \$ | 16,296.54 | \$ 45.27 | .083 | \$ 68.76 | \$ 3.74 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 2 | 2 | | 408.34 | 204.17 | .000 | 204.17 | .09 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 235 | 358 | | 15,888.20 | 44.38 | .082 | 67.61 | 3.65 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,412
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 4,354 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 407 | 25,820 | \$ 57,385.45 | \$ 2.22 | 5.930 | \$ 141.00 | \$ 13.18 | |
| DURABLE MED. EQUIP. | 9 | 18 | 1,167.30 | 64.85 | .004 | 129.70 | .27 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 7 | 15 | 2,313.39 | 154.23 | .003 | 330.48 | .53 | |
| MEDICAL TRANSPORTATION | 45 | 514 | 4,447.21 | 8.65 | .118 | 98.83 | 1.02 | |
| AMBULANCES/AIR TRANS | 6 | 33 | 794.61 | 24.08 | .008 | 132.44 | .18 | |
| OTHER TRANS | 3 | 33 | 99.75 | 3.02 | .008 | 33.25 | .02 | |
| OTHER SERVICES | 38 | 448 | 3,552.85 | 7.93 | .103 | 93.50 | .82 | |
| ACUPUNCTURE | 4 | 16 | 281.14 | 17.57 | .004 | 70.29 | .06 | |
| ADULT DAY HEALTH CARE CTR | 16 | 179 | 11,968.07 | 66.86 | .041 | 748.00 | 2.75 | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 9 | 35 | 2,337.39 | 66.78 | .008 | 259.71 | .54 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 80 | 182 | 2,406.86 | 13.22 | .042 | 30.09 | .55 | |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-------------------------------|-------|--------|---------------|----------|-------|-----------|----------|
| PORTABLE X-RAY | 1 | 1 | .65 | .65 | .000 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 14 | 26 | 5,364.62 | 206.33 | .006 | 383.19 | 1.23 |
| HOSPICE SERVICES | 3 | 109 | 11,716.32 | 107.49 | .025 | 3905.44 | 2.69 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 242 | 24,725 | 15,382.50 | .62 | 5.679 | 63.56 | 3.53 |
| @CALIF. CHILDREN SERVICES* | 0 | 2CR | \$ 21.40CR | \$ 10.70 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 1,149 | 6,951 | \$ 189,767.01 | \$ 27.30 | 1.596 | \$ 165.16 | \$ 43.58 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,413 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND | |

| 289 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 179 | 1,055 | \$ 57,700.33 | \$ 54.69 | 3.651 | \$ 322.35 | \$ 199.66 |
| @PHYSICIANS SERVICES | 52 | 146 | \$ 4,240.86 | \$ 29.05 | .505 | \$ 81.56 | \$ 14.67 |
| OUTPATIENT VISITS | 23 | 31 | 1,078.59 | 34.79 | .107 | 46.90 | 3.73 |
| OFFICE VISITS | 17 | 23 | 716.19 | 31.14 | .080 | 42.13 | 2.48 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 5 | 5 | 282.96 | 56.59 | .017 | 56.59 | .98 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 3 | 3 | 79.44 | 26.48 | .010 | 26.48 | .27 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 4 | 141.93 | 35.48 | .014 | 70.97 | .49 |
| EXAMINATIONS | 2 | 4 | 141.93 | 35.48 | .014 | 70.97 | .49 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 3 | 14 | 1,973.06 | 140.93 | .048 | 657.69 | 6.83 |
| PRINCIPAL SURGEON | 3 | 4 | 1,538.72 | 384.68 | .014 | 512.91 | 5.32 |
| ASSISTANT SURGEON | 1 | 1 | 232.32 | 232.32 | .003 | 232.32 | .80 |
| ANESTHESIOLOGIST | 1 | 9 | 202.02 | 22.45 | .031 | 202.02 | .70 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 6 | 14.66 | 2.44 | .021 | 4.89 | .05 |
| RADIOLOGY | 9 | 12 | 171.02 | 14.25 | .042 | 19.00 | .59 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 19 | 79 | 861.60 | 10.91 | .273 | 45.35 | 2.98 |
| @PHARMACY | 140 | 577 | \$ 32,907.12 | \$ 57.03 | 1.997 | \$ 235.05 | \$ 113.87 |
| PRESCRIPTION DRUGS | 138 | 461 | 32,512.73 | 70.53 | 1.595 | 235.60 | 112.50 |

| | | | | | | | |
|-------------------------|-----|-----|-------------|----------|-------|-----------|----------|
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 138 | 461 | 32,512.73 | 70.53 | 1.595 | 235.60 | 112.50 |
| MEDICAL SUPPLIES | 14 | 116 | 394.39 | 3.40 | .401 | 28.17 | 1.36 |
| @DENTIST | 15 | 52 | \$ 3,092.00 | \$ 59.46 | .180 | \$ 206.13 | \$ 10.70 |
| VISITS - DIAGNOSTIC | 9 | 31 | 515.00 | 16.61 | .107 | 57.22 | 1.78 |
| ORAL SURGERY | 6 | 7 | 435.00 | 62.14 | .024 | 72.50 | 1.51 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .007 | 100.00 | .69 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 2 | 5 | 690.00 | 138.00 | .017 | 345.00 | 2.39 |
| RESTORATIVE DENTISTRY | 4 | 7 | 1,252.00 | 178.86 | .024 | 313.00 | 4.33 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 10,414
01/17/03

| 289 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 1 | 1 | \$ 47.45 | \$ 47.45 | .003 | \$ 47.45 | \$.16 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .003 | 47.45 | .16 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 2 | 3 | \$ 59.70 | \$ 19.90 | .010 | \$ 29.85 | \$.21 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 2 | 3 | 59.70 | 19.90 | .010 | 29.85 | .21 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 21 | 87 | \$ 3,610.59 | \$ 41.50 | .301 | \$ 171.93 | \$ 12.49 |
| HOSP INPATIENT TOTAL | 2 | 9 | 1,604.00 | 178.22 | .031 | 802.00 | 5.55 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 9 | 1,604.00 | 178.22 | .031 | 802.00 | 5.55 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 19 | 78 | 2,006.59 | 25.73 | .270 | 105.61 | 6.94 |
| MEDICAL | 3 | 6 | 191.75 | 31.96 | .021 | 63.92 | .66 |
| SURGERY | 1 | 1 | 29.74 | 29.74 | .003 | 29.74 | .10 |
| PATHOLOGY | 6 | 11 | 134.17 | 12.20 | .038 | 22.36 | .46 |

| | | | | | | | |
|-----------------------------|---|----|--------|--------|------|--------|-------------|
| RADIOLOGY | 8 | 10 | 289.28 | 28.93 | .035 | 36.16 | 1.00 |
| ROOM USE | 9 | 15 | 723.19 | 48.21 | .052 | 80.35 | 2.50 |
| CROSSOVERS/ALL OTH OUTPTNT | 11 | 35 | 638.46 | 18.24 | .121 | 58.04 | 2.21 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,415 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND | | | | | | |

| 289 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 21 | 87 | \$ 3,610.59 | \$ 41.50 | .301 | \$ 171.93 | \$ 12.49 |
| COMM HOSP INPATIENT TOTAL | 2 | 9 | 1,604.00 | 178.22 | .031 | 802.00 | 5.55 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 9 | 1,604.00 | 178.22 | .031 | 802.00 | 5.55 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 19 | 78 | 2,006.59 | 25.73 | .270 | 105.61 | 6.94 |
| MEDICAL | 3 | 6 | 191.75 | 31.96 | .021 | 63.92 | .66 |
| SURGERY | 1 | 1 | 29.74 | 29.74 | .003 | 29.74 | .10 |
| PATHOLOGY | 6 | 11 | 134.17 | 12.20 | .038 | 22.36 | .46 |
| RADIOLOGY | 8 | 10 | 289.28 | 28.93 | .035 | 36.16 | 1.00 |
| ROOM USE | 9 | 15 | 723.19 | 48.21 | .052 | 80.35 | 2.50 |
| CROSSOVERS/ALL OTH OUTPTNT | 11 | 35 | 638.46 | 18.24 | .121 | 58.04 | 2.21 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|------------------------------|----|----|-------------|-----------|------|------------|---------|
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 1 | 2 | \$ 1,162.65 | \$ 581.33 | .007 | \$ 1162.65 | \$ 4.02 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 1 | 2 | 1,162.65 | 581.33 | .007 | 1162.65 | 4.02 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 5 | \$ 34.56 | \$ 6.91 | .017 | \$ 34.56 | \$.12 |
| PATHOLOGY | 1 | 5 | 34.56 | 6.91 | .017 | 34.56 | .12 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 15 | 22 | \$ 1,933.04 | \$ 87.87 | .076 | \$ 128.87 | \$ 6.69 |
| CLINIC | 3 | 6 | 399.22 | 66.54 | .021 | 133.07 | 1.38 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 14 | 16 | 1,533.82 | 95.86 | .055 | 109.56 | 5.31 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,416
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| 289 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 14 | 160 | \$ 10,612.36 | \$ 66.33 | .554 | \$ 758.03 | \$ 36.72 |
| DURABLE MED. EQUIP. | 5 | 16 | 9,806.47 | 612.90 | .055 | 1961.29 | 33.93 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 3 | 131 | 700.82 | 5.35 | .453 | 233.61 | 2.42 |
| AMBULANCES/AIR TRANS | 1 | 95 | 451.90 | 4.76 | .329 | 451.90 | 1.56 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 36 | 248.92 | 6.91 | .125 | 82.97 | .86 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|--------------------------------|----|-----|----|-----------|-----------|------|-----------|----------|
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | | 26.08 | 13.04 | .007 | 26.08 | .09 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 5 | 11 | | 78.99 | 7.18 | .038 | 15.80 | .27 |
| @CALIF. CHILDREN SERVICES* | 12 | 34 | \$ | 11,203.82 | \$ 329.52 | .118 | \$ 933.65 | \$ 38.77 |
| @XOVER EXCLUDING STATE HOSP** | 26 | 147 | \$ | 4,021.04 | \$ 27.35 | .509 | \$ 154.66 | \$ 13.91 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,417
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

| 6,402 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 4,663 | 223,001 | \$ 3,320,860.21 | \$ 14.89 | 34.833 | \$ 712.17 | \$ 518.72 |
| @PHYSICIANS SERVICES | 1,493 | 5,454 | \$ 182,494.52 | \$ 33.46 | .852 | \$ 122.23 | \$ 28.51 |
| OUTPATIENT VISITS | 717 | 1,195 | 51,592.25 | 43.17 | .187 | 71.96 | 8.06 |
| OFFICE VISITS | 420 | 564 | 19,376.48 | 34.36 | .088 | 46.13 | 3.03 |
| HOME VISITS | 8 | 12 | 417.23 | 34.77 | .002 | 52.15 | .07 |
| EMERGENCY ROOM | 285 | 441 | 25,970.62 | 58.89 | .069 | 91.12 | 4.06 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 5 | 10 | 482.35 | 48.24 | .002 | 96.47 | .08 |
| OTHER OUTPATIENT | 85 | 168 | 5,345.57 | 31.82 | .026 | 62.89 | .83 |
| INPATIENT VISITS | 113 | 433 | 27,047.34 | 62.46 | .068 | 239.36 | 4.22 |
| HOSPITAL VISITS | 91 | 345 | 16,917.02 | 49.03 | .054 | 185.90 | 2.64 |
| CRITICAL CARE | 10 | 60 | 9,196.13 | 153.27 | .009 | 919.61 | 1.44 |
| SNF/ICF/TRANS IP CARE | 24 | 28 | 934.19 | 33.36 | .004 | 38.92 | .15 |
| OPHTHALMOLOGICAL SERVICES | 24 | 29 | 1,157.12 | 39.90 | .005 | 48.21 | .18 |
| EXAMINATIONS | 24 | 29 | 1,157.12 | 39.90 | .005 | 48.21 | .18 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 47 | 304 | 27,114.96 | 89.19 | .047 | 576.91 | 4.24 |
| PRINCIPAL SURGEON | 30 | 56 | 20,135.14 | 359.56 | .009 | 671.17 | 3.15 |
| ASSISTANT SURGEON | 5 | 5 | 889.80 | 177.96 | .001 | 177.96 | .14 |
| ANESTHESIOLOGIST | 20 | 243 | 6,090.02 | 25.06 | .038 | 304.50 | .95 |
| OUTPATIENT SURGERY | 88 | 247 | 15,007.42 | 60.76 | .039 | 170.54 | 2.34 |
| PRINCIPAL SURGEON | 64 | 92 | 10,719.17 | 116.51 | .014 | 167.49 | 1.67 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 26 | 155 | 4,288.25 | 27.67 | .024 | 164.93 | .67 |
| DIALYSIS | 6 | 17 | 2,006.55 | 118.03 | .003 | 334.43 | .31 |
| PATHOLOGY | 86 | 279 | 2,835.50 | 10.16 | .044 | 32.97 | .44 |

| 6,402 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 96 | 320 | \$ 7,111.31 | \$ 22.22 | .050 | \$ 74.08 | \$ 1.11 |
| DIAGNOSTIC AND ANC. PROCED | 64 | 70 | 3,074.49 | 43.92 | .011 | 48.04 | .48 |
| EYE APPLIANCES | 84 | 249 | 4,025.41 | 16.17 | .039 | 47.92 | .63 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 11.41 | 11.41 | .000 | 11.41 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 49 | 108 | \$ 1,518.05 | \$ 14.06 | .017 | \$ 30.98 | \$.24 |
| MEDICINE/INJECTIONS | 24 | 32 | 724.26 | 22.63 | .005 | 30.18 | .11 |
| SURGERY/ANES. | 2 | 2 | 67.02 | 33.51 | .000 | 33.51 | .01 |
| RADIO./PATHOLOGY | 3 | 4 | 51.91 | 12.98 | .001 | 17.30 | .01 |
| OTHER | 25 | 70 | 674.86 | 9.64 | .011 | 26.99 | .11 |
| @HOME HEALTH AGENCY | 37 | 290 | \$ 21,324.27 | \$ 73.53 | .045 | \$ 576.33 | \$ 3.33 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 1 | \$ 13.70 | \$ 13.70 | .000 | \$ 13.70 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 1,198 | 7,650 | \$ 977,738.72 | \$ 127.81 | 1.195 | \$ 816.14 | \$ 152.72 |
| HOSP INPATIENT TOTAL | 122 | 721 | 804,298.72 | 1115.53 | .113 | 6592.61 | 125.63 |
| HSC HOSPITALS | 39 | 267 | 381,646.00 | 1429.39 | .042 | 9785.79 | 59.61 |
| NON-HSC HOSPITAL TOTAL | 47 | 269 | 390,348.27 | 1451.11 | .042 | 8305.28 | 60.97 |
| ACCOMMODATIONS | 47 | 269 | 129,617.08 | 481.85 | .042 | 2757.81 | 20.25 |
| ADMINISTRATIVE DAYS | 2 | 112 | 25,922.77 | 231.45 | .017 | 12961.39 | 4.05 |
| TRANSITIONAL IP CARE | 0 | 0 | 75.51 | .00 | .000 | .00 | .01 |
| ALL OTHER ACCOM | 45 | 157 | 103,618.80 | 659.99 | .025 | 2302.64 | 16.19 |
| ANCILLARIES | 47 | 0 | 260,731.19 | .00 | .000 | 5547.47 | 40.73 |

| | | | | | | | | | |
|-----------------------------|---|-------|----|------------|-----------|-------|------------|----------|-------------|
| INPATIENT CROSSOVERS | 42 | 185 | | 32,304.45 | 174.62 | .029 | 769.15 | 5.05 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 1,137 | 6,929 | | 173,440.00 | 25.03 | 1.082 | 152.54 | 27.09 | |
| MEDICAL | 187 | 265 | | 13,020.94 | 49.14 | .041 | 69.63 | 2.03 | |
| SURGERY | 42 | 48 | | 3,095.17 | 64.48 | .007 | 73.69 | .48 | |
| PATHOLOGY | 503 | 3,285 | | 32,769.14 | 9.98 | .513 | 65.15 | 5.12 | |
| RADIOLOGY | 275 | 461 | | 41,852.48 | 90.79 | .072 | 152.19 | 6.54 | |
| ROOM USE | 388 | 654 | | 28,807.05 | 44.05 | .102 | 74.24 | 4.50 | |
| CROSSOVERS/ALL OTH OUTPTNT | 634 | 2,216 | | 53,895.22 | 24.32 | .346 | 85.01 | 8.42 | |
| @COUNTY HOSPITAL TOTAL | 130 | 563 | \$ | 215,175.12 | \$ 382.19 | .088 | \$ 1655.19 | \$ 33.61 | |
| CO HOSPITAL INPATIENT TOTAL | 10 | 202 | | 198,829.50 | 984.30 | .032 | 19882.95 | 31.06 | |
| HSC HOSPITALS | 10 | 90 | | 117,946.00 | 1310.51 | .014 | 11794.60 | 18.42 | |
| NON-HSC HOSPITALS TOTAL | 2 | 112 | | 80,883.50 | 722.17 | .017 | 40441.75 | 12.63 | |
| ACCOMMODATIONS | 2 | 112 | | 25,905.60 | 231.30 | .017 | 12952.80 | 4.05 | |
| ADMINISTRATIVE DAYS | 2 | 112 | | 25,905.60 | 231.30 | .017 | 12952.80 | 4.05 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 2 | 0 | | 54,977.90 | .00 | .000 | 27488.95 | 8.59 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 120 | 361 | | 16,345.62 | 45.28 | .056 | 136.21 | 2.55 | |
| MEDICAL | 39 | 49 | | 2,576.85 | 52.59 | .008 | 66.07 | .40 | |
| SURGERY | 4 | 4 | | 366.12 | 91.53 | .001 | 91.53 | .06 | |
| PATHOLOGY | 28 | 95 | | 1,048.88 | 11.04 | .015 | 37.46 | .16 | |
| RADIOLOGY | 8 | 10 | | 1,162.33 | 116.23 | .002 | 145.29 | .18 | |
| ROOM USE | 75 | 96 | | 3,917.09 | 40.80 | .015 | 52.23 | .61 | |
| CROSSOVERS/ALL OTH OUTPTNT | 39 | 107 | | 7,274.35 | 67.98 | .017 | 186.52 | 1.14 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,419 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED | | | | | | | | |

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 6,402 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 1,105 | 7,087 | \$ 762,563.60 | \$ 107.60 | 1.107 | \$ 690.10 | \$ 119.11 | |
| COMM HOSP INPATIENT TOTAL | 114 | 519 | 605,469.22 | 1166.61 | .081 | 5311.13 | 94.58 | |
| HSC HOSPITALS | 29 | 177 | 263,700.00 | 1489.83 | .028 | 9093.10 | 41.19 | |
| NON-HSC HOSPITALS TOTAL | 45 | 157 | 309,464.77 | 1971.11 | .025 | 6876.99 | 48.34 | |
| ACCOMMODATIONS | 45 | 157 | 103,711.48 | 660.58 | .025 | 2304.70 | 16.20 | |
| ADMINISTRATIVE DAYS | 0 | 0 | 17.17 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | 75.51 | .00 | .000 | .00 | .01 | |
| ALL OTHER ACCOM | 45 | 157 | 103,618.80 | 659.99 | .025 | 2302.64 | 16.19 | |
| ANCILLARIES | 45 | 0 | 205,753.29 | .00 | .000 | 4572.30 | 32.14 | |
| INPATIENT CROSSOVERS | 42 | 185 | 32,304.45 | 174.62 | .029 | 769.15 | 5.05 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 1,045 | 6,568 | 157,094.38 | 23.92 | 1.026 | 150.33 | 24.54 | |
| MEDICAL | 153 | 216 | 10,444.09 | 48.35 | .034 | 68.26 | 1.63 | |
| SURGERY | 38 | 44 | 2,729.05 | 62.02 | .007 | 71.82 | .43 | |
| PATHOLOGY | 477 | 3,190 | 31,720.26 | 9.94 | .498 | 66.50 | 4.95 | |
| RADIOLOGY | 268 | 451 | 40,690.15 | 90.22 | .070 | 151.83 | 6.36 | |
| ROOM USE | 328 | 558 | 24,889.96 | 44.61 | .087 | 75.88 | 3.89 | |
| CROSSOVERS/ALL OTH OUTPTNT | 600 | 2,109 | 46,620.87 | 22.11 | .329 | 77.70 | 7.28 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 43 | 1,155 | \$ 211,085.23 | \$ 182.76 | .180 | \$ 4908.96 | \$ 32.97 | |
| LEV A-INTERMEDIATE | 2 | 101 | 8,546.62 | 84.62 | .016 | 4273.31 | 1.33 | |

| | | | | | | | |
|------------------------------|---|-------|---------------|----------|------|------------|----------|
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 41 | 1,054 | 202,538.61 | 192.16 | .165 | 4939.97 | 31.64 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 53 | 938 | \$ 56,527.30 | \$ 60.26 | .147 | \$ 1066.55 | \$ 8.83 |
| HOSPITAL BASED | 1 | 20 | 6,043.12 | 302.16 | .003 | 6043.12 | .94 |
| HEMODIALYSIS CENTER | 52 | 918 | 50,484.18 | 54.99 | .143 | 970.85 | 7.89 |
| @REHABILITATION FACILITY | 6 | 5 | \$ 321.91 | \$ 64.38 | .001 | \$ 53.65 | \$.05 |
| HOSPITAL BASED | 6 | 5 | 321.91 | 64.38 | .001 | 53.65 | .05 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 170 | 520 | \$ 8,050.54 | \$ 15.48 | .081 | \$ 47.36 | \$ 1.26 |
| PATHOLOGY | 168 | 515 | 8,046.44 | 15.62 | .080 | 47.90 | 1.26 |
| XO AND OTHERS | 2 | 5 | 4.10 | .82 | .001 | 2.05 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 800 | 1,369 | \$ 110,814.13 | \$ 80.95 | .214 | \$ 138.52 | \$ 17.31 |
| CLINIC | 7 | 18 | 941.06 | 52.28 | .003 | 134.44 | .15 |
| SURGICENTER | 1 | 7 | 611.21 | 87.32 | .001 | 611.21 | .10 |
| HEROIN DETOX CLINIC | 2 | 32 | 371.62 | 11.61 | .005 | 185.81 | .06 |
| RURAL HEALTH CLINIC | 791 | 1,312 | 108,890.24 | 83.00 | .205 | 137.66 | 17.01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED | | | | | | |

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| 6,402 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 645 | 163,154 | \$ 236,092.32 | \$ 1.45 | 25.485 | \$ 366.03 | \$ 36.88 |
| DURABLE MED. EQUIP. | 109 | 551 | 81,260.35 | 147.48 | .086 | 745.51 | 12.69 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 4 | 8 | 969.71 | 121.21 | .001 | 242.43 | .15 |
| MEDICAL TRANSPORTATION | 112 | 2,794 | 28,978.27 | 10.37 | .436 | 258.73 | 4.53 |
| AMBULANCES/AIR TRANS | 64 | 1,292 | 14,350.47 | 11.11 | .202 | 224.23 | 2.24 |
| OTHER TRANS | 11 | 1,086 | 4,854.53 | 4.47 | .170 | 441.32 | .76 |
| OTHER SERVICES | 40 | 416 | 9,773.27 | 23.49 | .065 | 244.33 | 1.53 |
| ACUPUNCTURE | 2 | 2 | 43.25 | 21.63 | .000 | 21.63 | .01 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | 1 | 105.00 | 105.00 | .000 | 105.00 | .02 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 12 | 2,237 | 66,174.65 | 29.58 | .349 | 5514.55 | 10.34 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 120 | 280 | 3,141.93 | 11.22 | .044 | 26.18 | .49 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 1 | 1 | .65 | .65 | .000 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 5 | 33 | 3,781.51 | 114.59 | .005 | 756.30 | .59 |
| PROSTHETICS | 5 | 33 | 3,781.51 | 114.59 | .005 | 756.30 | .59 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 1 | 2 | 33.22 | 16.61 | .000 | 33.22 | .01 |
| SPEECH AND AUDIOLOGY | 12 | 33 | 3,561.95 | 107.94 | .005 | 296.83 | .56 |
| HOSPICE SERVICES | 3 | 76 | 9,841.17 | 129.49 | .012 | 3280.39 | 1.54 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 31 | 429 | 3,210.52 | 7.48 | .067 | 103.57 | .50 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 1 | 1 | 26.80 | 26.80 | .000 | 26.80 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|-------------------------------|-----|---------|----|------------|----|--------|--------|------------|----------|
| ALL OTHER PROVIDERS | 300 | 156,707 | | 34,990.14 | | .22 | 24.478 | 116.63 | 5.47 |
| @CALIF. CHILDREN SERVICES* | 154 | 3,149 | \$ | 342,761.61 | \$ | 108.85 | .492 | \$ 2225.72 | \$ 53.54 |
| @XOVER EXCLUDING STATE HOSP** | 878 | 12,379 | \$ | 150,532.74 | \$ | 12.16 | 1.934 | \$ 171.45 | \$ 23.51 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

| | 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 7,105 | 28,692 | \$ | 1,582,254.18 | \$ 55.15 | 1.678 | \$ 222.70 | \$ 92.53 |
| @PHYSICIANS SERVICES | 2,384 | 4,627 | \$ | 215,602.87 | \$ 46.60 | .271 | \$ 90.44 | \$ 12.61 |
| OUTPATIENT VISITS | 1,804 | 2,395 | | 99,099.84 | 41.38 | .140 | 54.93 | 5.80 |
| OFFICE VISITS | 1,046 | 1,314 | | 46,510.01 | 35.40 | .077 | 44.46 | 2.72 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 785 | 917 | | 42,735.71 | 46.60 | .054 | 54.44 | 2.50 |
| PREVENTIVE CARE | 2 | 2 | | 109.66 | 54.83 | .000 | 54.83 | .01 |
| OB VISITS/COMPRE PERI | 56 | 105 | | 7,701.69 | 73.35 | .006 | 137.53 | .45 |
| OTHER OUTPATIENT | 51 | 57 | | 2,042.77 | 35.84 | .003 | 40.05 | .12 |
| INPATIENT VISITS | 79 | 191 | | 11,180.75 | 58.54 | .011 | 141.53 | .65 |
| HOSPITAL VISITS | 75 | 169 | | 8,702.61 | 51.49 | .010 | 116.03 | .51 |
| CRITICAL CARE | 5 | 22 | | 2,478.14 | 112.64 | .001 | 495.63 | .14 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | | 360.56 | 40.06 | .001 | 40.06 | .02 |
| EXAMINATIONS | 9 | 9 | | 360.56 | 40.06 | .001 | 40.06 | .02 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 94 | 289 | | 47,985.65 | 166.04 | .017 | 510.49 | 2.81 |
| PRINCIPAL SURGEON | 62 | 68 | | 40,711.44 | 598.70 | .004 | 656.64 | 2.38 |
| ASSISTANT SURGEON | 12 | 12 | | 2,093.81 | 174.48 | .001 | 174.48 | .12 |
| ANESTHESIOLOGIST | 28 | 209 | | 5,180.40 | 24.79 | .012 | 185.01 | .30 |

| | | | | | | | | |
|----------------------------|-------|-------|----|------------|----------|------|-----------|----------|
| OUTPATIENT SURGERY | 173 | 354 | | 25,826.57 | 72.96 | .021 | 149.29 | 1.51 |
| PRINCIPAL SURGEON | 148 | 175 | | 20,766.65 | 118.67 | .010 | 140.32 | 1.21 |
| ASSISTANT SURGEON | 1 | 1 | | 186.50 | 186.50 | .000 | 186.50 | .01 |
| ANESTHESIOLOGIST | 52 | 178 | | 4,873.42 | 27.38 | .010 | 93.72 | .29 |
| DIALYSIS | 1 | 1 | | 56.60 | 56.60 | .000 | 56.60 | .00 |
| PATHOLOGY | 189 | 344 | | 2,435.21 | 7.08 | .020 | 12.88 | .14 |
| RADIOLOGY | 547 | 696 | | 17,973.35 | 25.82 | .041 | 32.86 | 1.05 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 38 | 83 | | 891.28 | 10.74 | .005 | 23.45 | .05 |
| OTHER SERVICES/ALL X-OVERS | 163 | 265 | | 9,793.06 | 36.95 | .015 | 60.08 | .57 |
| @PHARMACY | 3,532 | 8,535 | \$ | 381,241.37 | \$ 44.67 | .499 | \$ 107.94 | \$ 22.30 |
| PRESCRIPTION DRUGS | 3,515 | 8,412 | | 377,747.58 | 44.91 | .492 | 107.47 | 22.09 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 3,515 | 8,412 | | 377,747.58 | 44.91 | .492 | 107.47 | 22.09 |
| MEDICAL SUPPLIES | 95 | 123 | | 3,493.79 | 28.40 | .007 | 36.78 | .20 |
| @DENTIST | 813 | 3,965 | \$ | 130,175.19 | \$ 32.83 | .232 | \$ 160.12 | \$ 7.61 |
| VISITS - DIAGNOSTIC | 596 | 2,639 | | 42,109.69 | 15.96 | .154 | 70.65 | 2.46 |
| ORAL SURGERY | 92 | 177 | | 10,978.75 | 62.03 | .010 | 119.33 | .64 |
| DRUGS | 21 | 22 | | 543.75 | 24.72 | .001 | 25.89 | .03 |
| ANESTHESIA | 12 | 12 | | 1,100.00 | 91.67 | .001 | 91.67 | .06 |
| PERIODONTICS | 14 | 18 | | 2,600.00 | 144.44 | .001 | 185.71 | .15 |
| ENDODONTICS | 54 | 103 | | 13,192.50 | 128.08 | .006 | 244.31 | .77 |
| RESTORATIVE DENTISTRY | 284 | 908 | | 51,779.00 | 57.03 | .053 | 182.32 | 3.03 |
| PROSTHETICS | 1 | 1 | | 50.00 | 50.00 | .000 | 50.00 | .00 |
| DENTURES, STAYPLATES | 6 | 25 | | 2,758.00 | 110.32 | .001 | 459.67 | .16 |
| SPACE MAINTAINERS | 5 | 6 | | 600.00 | 100.00 | .000 | 120.00 | .04 |
| MAXILLOFACIAL SERVICES | 2 | 2 | | 100.00 | 50.00 | .000 | 50.00 | .01 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 31 | 43 | | 4,162.50 | 96.80 | .003 | 134.27 | .24 |
| ALL OTHER SERVICES | 8 | 9 | | 201.00 | 22.33 | .001 | 25.13 | .01 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,422
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

| | 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 143 | 427 | \$ | 9,772.05 | \$ 22.89 | .025 | \$ 68.34 | \$.57 |
| DIAGNOSTIC AND ANC. PROCED | 99 | 99 | | 4,682.98 | 47.30 | .006 | 47.30 | .27 |
| EYE APPLIANCES | 117 | 328 | | 5,089.07 | 15.52 | .019 | 43.50 | .30 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 7 | 12 | \$ | 330.35 | \$ 27.53 | .001 | \$ 47.19 | \$.02 |
| MEDICINE/INJECTIONS | 6 | 9 | | 263.73 | 29.30 | .001 | 43.96 | .02 |
| SURGERY/ANES. | 1 | 1 | | 32.02 | 32.02 | .000 | 32.02 | .00 |
| RADIO./PATHOLOGY | 2 | 2 | | 34.60 | 17.30 | .000 | 17.30 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 13 | 24 | \$ | 1,432.78 | \$ 59.70 | .001 | \$ 110.21 | \$.08 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ | 33.56 | \$ 16.78 | .000 | \$ 33.56 | \$.00 |
| @TOTAL HOSPITAL | 1,612 | 5,118 | \$ | 509,560.39 | \$ 99.56 | .299 | \$ 316.10 | \$ 29.80 |
| HOSP INPATIENT TOTAL | 78 | 267 | | 377,746.50 | 1414.78 | .016 | 4842.90 | 22.09 |
| HSC HOSPITALS | 11 | 57 | | 72,782.09 | 1276.88 | .003 | 6616.55 | 4.26 |

| | | | | | | | |
|-----------------------------|-------|-------|--------------|-----------|------|-----------|---------|
| NON-HSC HOSPITAL TOTAL | 68 | 210 | 304,964.41 | 1452.21 | .012 | 4484.77 | 17.84 |
| ACCOMMODATIONS | 66 | 210 | 104,188.69 | 496.14 | .012 | 1578.62 | 6.09 |
| ADMINISTRATIVE DAYS | 1 | 7 | 1,619.10 | 231.30 | .000 | 1619.10 | .09 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 65 | 203 | 102,569.59 | 505.27 | .012 | 1577.99 | 6.00 |
| ANCILLARIES | 68 | 0 | 200,775.72 | .00 | .000 | 2952.58 | 11.74 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1,565 | 4,851 | 131,813.89 | 27.17 | .284 | 84.23 | 7.71 |
| MEDICAL | 199 | 225 | 6,463.63 | 28.73 | .013 | 32.48 | .38 |
| SURGERY | 75 | 78 | 5,469.46 | 70.12 | .005 | 72.93 | .32 |
| PATHOLOGY | 730 | 2,163 | 27,530.17 | 12.73 | .126 | 37.71 | 1.61 |
| RADIOLOGY | 430 | 542 | 31,622.60 | 58.34 | .032 | 73.54 | 1.85 |
| ROOM USE | 875 | 1,104 | 48,556.95 | 43.98 | .065 | 55.49 | 2.84 |
| CROSSOVERS/ALL OTH OUTPTNT | 503 | 739 | 12,171.08 | 16.47 | .043 | 24.20 | .71 |
| @COUNTY HOSPITAL TOTAL | 79 | 315 | \$ 52,372.48 | \$ 166.26 | .018 | \$ 662.94 | \$ 3.06 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 37 | 46,406.97 | 1254.24 | .002 | 23203.49 | 2.71 |
| HSC HOSPITALS | 2 | 30 | 40,560.03 | 1352.00 | .002 | 20280.02 | 2.37 |
| NON-HSC HOSPITALS TOTAL | 1 | 7 | 5,846.94 | 835.28 | .000 | 5846.94 | .34 |
| ACCOMMODATIONS | 1 | 7 | 1,619.10 | 231.30 | .000 | 1619.10 | .09 |
| ADMINISTRATIVE DAYS | 1 | 7 | 1,619.10 | 231.30 | .000 | 1619.10 | .09 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 1 | 0 | 4,227.84 | .00 | .000 | 4227.84 | .25 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 78 | 278 | 5,965.51 | 21.46 | .016 | 76.48 | .35 |
| MEDICAL | 11 | 12 | 550.77 | 45.90 | .001 | 50.07 | .03 |
| SURGERY | 4 | 5 | 177.77 | 35.55 | .000 | 44.44 | .01 |
| PATHOLOGY | 28 | 131 | 1,126.62 | 8.60 | .008 | 40.24 | .07 |
| RADIOLOGY | 8 | 9 | 843.62 | 93.74 | .001 | 105.45 | .05 |
| ROOM USE | 58 | 74 | 2,652.42 | 35.84 | .004 | 45.73 | .16 |
| CROSSOVERS/ALL OTH OUTPTNT | 20 | 47 | 614.31 | 13.07 | .003 | 30.72 | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,423
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 1,552 | 4,803 | \$ 457,187.91 | \$ 95.19 | .281 | \$ 294.58 | \$ 26.74 | |
| COMM HOSP INPATIENT TOTAL | 76 | 230 | 331,339.53 | 1440.61 | .013 | 4359.73 | 19.38 | |
| HSC HOSPITALS | 9 | 27 | 32,222.06 | 1193.41 | .002 | 3580.23 | 1.88 | |
| NON-HSC HOSPITALS TOTAL | 67 | 203 | 299,117.47 | 1473.49 | .012 | 4464.44 | 17.49 | |
| ACCOMMODATIONS | 65 | 203 | 102,569.59 | 505.27 | .012 | 1577.99 | 6.00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 65 | 203 | 102,569.59 | 505.27 | .012 | 1577.99 | 6.00 | |
| ANCILLARIES | 67 | 0 | 196,547.88 | .00 | .000 | 2933.55 | 11.49 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 1,504 | 4,573 | 125,848.38 | 27.52 | .267 | 83.68 | 7.36 | |
| MEDICAL | 189 | 213 | 5,912.86 | 27.76 | .012 | 31.28 | .35 | |
| SURGERY | 71 | 73 | 5,291.69 | 72.49 | .004 | 74.53 | .31 | |
| PATHOLOGY | 706 | 2,032 | 26,403.55 | 12.99 | .119 | 37.40 | 1.54 | |
| RADIOLOGY | 425 | 533 | 30,778.98 | 57.75 | .031 | 72.42 | 1.80 | |
| ROOM USE | 826 | 1,030 | 45,904.53 | 44.57 | .060 | 55.57 | 2.68 | |

| | | | | | | | | | |
|------------------------------|-------|-------|----|------------|----|--------|------|-----------|----------|
| CROSSOVERS/ALL OTH OUTPTNT | 485 | 692 | | 11,556.77 | | 16.70 | .040 | 23.83 | .68 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 3 | 11 | \$ | 1,242.31 | \$ | 112.94 | .001 | \$ 414.10 | \$.07 |
| HOSPITAL BASED | 3 | 11 | | 1,242.31 | | 112.94 | .001 | 414.10 | .07 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 314 | 784 | \$ | 14,737.85 | \$ | 18.80 | .046 | \$ 46.94 | \$.86 |
| PATHOLOGY | 314 | 784 | | 14,737.85 | | 18.80 | .046 | 46.94 | .86 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,343 | 3,410 | \$ | 286,680.66 | \$ | 84.07 | .199 | \$ 122.36 | \$ 16.77 |
| CLINIC | 101 | 403 | | 10,114.01 | | 25.10 | .024 | 100.14 | .59 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 2,259 | 3,007 | | 276,566.65 | | 91.97 | .176 | 122.43 | 16.17 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | | |
| MOP024 | | | | | | | | | |
| SAN BENITO COUNTY | | | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
PAGE 10,424
01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

| | 17,099 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 418 | 1,777 | \$ | 31,444.80 | \$ 17.70 | .104 | \$ 75.23 | \$ 1.84 |
| DURABLE MED. EQUIP. | 11 | 27 | | 1,172.09 | 43.41 | .002 | 106.55 | .07 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 61 | 834 | | 18,698.68 | 22.42 | .049 | 306.54 | 1.09 |
| AMBULANCES/AIR TRANS | 61 | 827 | | 11,478.84 | 13.88 | .048 | 188.18 | .67 |
| OTHER TRANS | 1 | 3 | | 19.84 | 6.61 | .000 | 19.84 | .00 |
| OTHER SERVICES | 4 | 4 | | 7,200.00 | 1800.00 | .000 | 1800.00 | .42 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 27 | 27 | | 1,789.00 | 66.26 | .002 | 66.26 | .10 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 132 | 296 | | 2,603.37 | 8.80 | .017 | 19.72 | .15 |
| PHYSICAL THERAPIST | 1 | 1 | | 88.69 | 88.69 | .000 | 88.69 | .01 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 2 | 8 | | 630.87 | 78.86 | .000 | 315.44 | .04 |
| PROSTHETICS | 2 | 7 | | 542.18 | 77.45 | .000 | 271.09 | .03 |
| ORTHOTICS | 1 | 1 | | 88.69 | 88.69 | .000 | 88.69 | .01 |
| PSYCHOLOGIST | 3 | 22 | | 1,471.80 | 66.90 | .001 | 490.60 | .09 |
| SPEECH AND AUDIOLOGY | 5 | 12 | | 554.71 | 46.23 | .001 | 110.94 | .03 |

| | | | | | | | |
|-------------------------------|-----|-----|--------------|-----------|------|------------|---------|
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 182 | 550 | 4,435.59 | 8.06 | .032 | 24.37 | .26 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 44 | 155 | \$ 54,995.77 | \$ 354.81 | .009 | \$ 1249.90 | \$ 3.22 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,425
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

| | 28,144 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|---------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 15,172 | 299,320 | \$ 6,037,807.37 | \$ 20.17 | 10.635 | \$ 397.96 | \$ 214.53 | |
| @PHYSICIANS SERVICES | 4,604 | 12,159 | \$ 432,165.28 | \$ 35.54 | .432 | \$ 93.87 | \$ 15.36 | |
| OUTPATIENT VISITS | 2,565 | 3,648 | 153,093.12 | 41.97 | .130 | 59.69 | 5.44 | |
| OFFICE VISITS | 1,498 | 1,921 | 67,327.48 | 35.05 | .068 | 44.94 | 2.39 | |
| HOME VISITS | 8 | 12 | 417.23 | 34.77 | .000 | 52.15 | .01 | |
| EMERGENCY ROOM | 1,082 | 1,370 | 69,586.93 | 50.79 | .049 | 64.31 | 2.47 | |
| PREVENTIVE CARE | 2 | 2 | 109.66 | 54.83 | .000 | 54.83 | .00 | |
| OB VISITS/COMPRE PERI | 61 | 115 | 8,184.04 | 71.17 | .004 | 134.16 | .29 | |
| OTHER OUTPATIENT | 139 | 228 | 7,467.78 | 32.75 | .008 | 53.73 | .27 | |
| INPATIENT VISITS | 197 | 634 | 38,837.74 | 61.26 | .023 | 197.15 | 1.38 | |
| HOSPITAL VISITS | 171 | 523 | 26,107.68 | 49.92 | .019 | 152.68 | .93 | |
| CRITICAL CARE | 16 | 83 | 11,795.87 | 142.12 | .003 | 737.24 | .42 | |
| SNF/ICF/TRANS IP CARE | 24 | 28 | 934.19 | 33.36 | .001 | 38.92 | .03 | |
| OPHTHALMOLOGICAL SERVICES | 37 | 44 | 1,738.89 | 39.52 | .002 | 47.00 | .06 | |
| EXAMINATIONS | 37 | 44 | 1,738.89 | 39.52 | .002 | 47.00 | .06 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 143 | 603 | 75,781.36 | 125.67 | .021 | 529.94 | 2.69 | |
| PRINCIPAL SURGEON | 93 | 125 | 61,312.70 | 490.50 | .004 | 659.28 | 2.18 | |
| ASSISTANT SURGEON | 17 | 17 | 2,983.61 | 175.51 | .001 | 175.51 | .11 | |
| ANESTHESIOLOGIST | 49 | 461 | 11,485.05 | 24.91 | .016 | 234.39 | .41 | |
| OUTPATIENT SURGERY | 267 | 620 | 43,049.05 | 69.43 | .022 | 161.23 | 1.53 | |
| PRINCIPAL SURGEON | 218 | 276 | 33,266.54 | 120.53 | .010 | 152.60 | 1.18 | |
| ASSISTANT SURGEON | 2 | 2 | 418.82 | 209.41 | .000 | 209.41 | .01 | |
| ANESTHESIOLOGIST | 79 | 342 | 9,363.69 | 27.38 | .012 | 118.53 | .33 | |
| DIALYSIS | 9 | 28 | 2,646.19 | 94.51 | .001 | 294.02 | .09 | |
| PATHOLOGY | 284 | 648 | 5,357.46 | 8.27 | .023 | 18.86 | .19 | |
| RADIOLOGY | 909 | 1,387 | 41,246.00 | 29.74 | .049 | 45.38 | 1.47 | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 49 | 99 | 1,128.90 | 11.40 | .004 | 23.04 | .04 | |
| OTHER SERVICES/ALL X-OVERS | 1,520 | 4,448 | 69,286.57 | 15.58 | .158 | 45.58 | 2.46 | |
| @PHARMACY | 10,312 | 64,469 | \$ 2,473,322.89 | \$ 38.36 | 2.291 | \$ 239.85 | \$ 87.88 | |
| PRESCRIPTION DRUGS | 10,187 | 34,723 | 2,388,251.59 | 68.78 | 1.234 | 234.44 | 84.86 | |
| SNF/ICF | 53 | 386 | 32,544.03 | 84.31 | .014 | 614.04 | 1.16 | |
| OUTPATIENTS | 10,138 | 34,337 | 2,355,707.56 | 68.61 | 1.220 | 232.36 | 83.70 | |
| MEDICAL SUPPLIES | 885 | 29,746 | 85,071.30 | 2.86 | 1.057 | 96.13 | 3.02 | |
| @DENTIST | 1,319 | 6,150 | \$ 230,301.08 | \$ 37.45 | .219 | \$ 174.60 | \$ 8.18 | |
| VISITS - DIAGNOSTIC | 925 | 4,023 | 63,186.15 | 15.71 | .143 | 68.31 | 2.25 | |
| ORAL SURGERY | 159 | 334 | 20,102.75 | 60.19 | .012 | 126.43 | .71 | |

| | | | | | | | |
|-------------------------|-----|-------|-----------|--------|------|--------|------|
| DRUGS | 22 | 23 | 568.75 | 24.73 | .001 | 25.85 | .02 |
| ANESTHESIA | 23 | 23 | 2,000.00 | 86.96 | .001 | 86.96 | .07 |
| PERIODONTICS | 48 | 54 | 8,275.00 | 153.24 | .002 | 172.40 | .29 |
| ENDODONTICS | 78 | 136 | 21,372.50 | 157.15 | .005 | 274.01 | .76 |
| RESTORATIVE DENTISTRY | 440 | 1,331 | 89,350.75 | 67.13 | .047 | 203.07 | 3.17 |
| PROSTHETICS | 3 | 3 | 100.00 | 33.33 | .000 | 33.33 | .00 |
| DENTURES, STAYPLATES | 56 | 156 | 20,071.68 | 128.66 | .006 | 358.42 | .71 |
| SPACE MAINTAINERS | 5 | 6 | 600.00 | 100.00 | .000 | 120.00 | .02 |
| MAXILLOFACIAL SERVICES | 2 | 2 | 100.00 | 50.00 | .000 | 50.00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 34 | 46 | 4,372.50 | 95.05 | .002 | 128.60 | .16 |
| ALL OTHER SERVICES | 11 | 13 | 201.00 | 15.46 | .000 | 18.27 | .01 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,426
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

| | 28,144 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 298 | 930 | \$ | 20,969.76 | \$ 22.55 | .033 | \$ 70.37 | \$.75 |
| DIAGNOSTIC AND ANC. PROCED | 193 | 199 | | 9,156.11 | 46.01 | .007 | 47.44 | .33 |
| EYE APPLIANCES | 254 | 727 | | 11,689.58 | 16.08 | .026 | 46.02 | .42 |
| OTHER OPTOMETRIC SERVICES | 3 | 4 | | 124.07 | 31.02 | .000 | 41.36 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 84 | 188 | \$ | 2,785.50 | \$ 14.82 | .007 | \$ 33.16 | \$.10 |
| MEDICINE/INJECTIONS | 30 | 41 | | 987.99 | 24.10 | .001 | 32.93 | .04 |
| SURGERY/ANES. | 3 | 3 | | 99.04 | 33.01 | .000 | 33.01 | .00 |
| RADIO./PATHOLOGY | 5 | 6 | | 86.51 | 14.42 | .000 | 17.30 | .00 |
| OTHER | 53 | 138 | | 1,611.96 | 11.68 | .005 | 30.41 | .06 |
| @HOME HEALTH AGENCY | 50 | 314 | \$ | 22,757.05 | \$ 72.47 | .011 | \$ 455.14 | \$.81 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|------------------------------|-------|--------|----|--------------|----|---------|------|----|----------|----|-------|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 1 | \$ | 13.70 | \$ | 13.70 | .000 | \$ | 13.70 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ | 33.56 | \$ | 16.78 | .000 | \$ | 33.56 | \$ | .00 |
| @TOTAL HOSPITAL | 3,300 | 14,561 | \$ | 1,629,395.89 | \$ | 111.90 | .517 | \$ | 493.76 | \$ | 57.89 |
| HOSP INPATIENT TOTAL | 271 | 1,343 | | 1,289,415.45 | | 960.10 | .048 | | 4757.99 | | 45.81 |
| HSC HOSPITALS | 56 | 345 | | 472,145.01 | | 1368.54 | .012 | | 8431.16 | | 16.78 |
| NON-HSC HOSPITAL TOTAL | 120 | 506 | | 728,421.56 | | 1439.57 | .018 | | 6070.18 | | 25.88 |
| ACCOMMODATIONS | 118 | 506 | | 245,638.95 | | 485.45 | .018 | | 2081.69 | | 8.73 |
| ADMINISTRATIVE DAYS | 3 | 119 | | 27,541.87 | | 231.44 | .004 | | 9180.62 | | .98 |
| TRANSITIONAL IP CARE | 0 | 0 | | 75.51 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 115 | 387 | | 218,021.57 | | 563.36 | .014 | | 1895.84 | | 7.75 |
| ANCILLARIES | 120 | 0 | | 482,782.61 | | .00 | .000 | | 4023.19 | | 17.15 |
| INPATIENT CROSSOVERS | 103 | 492 | | 88,848.88 | | 180.59 | .017 | | 862.61 | | 3.16 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 3,137 | 13,218 | | 339,980.44 | | 25.72 | .470 | | 108.38 | | 12.08 |
| MEDICAL | 389 | 496 | | 19,676.32 | | 39.67 | .018 | | 50.58 | | .70 |
| SURGERY | 118 | 127 | | 8,594.37 | | 67.67 | .005 | | 72.83 | | .31 |
| PATHOLOGY | 1,251 | 5,492 | | 60,949.31 | | 11.10 | .195 | | 48.72 | | 2.17 |
| RADIOLOGY | 721 | 1,023 | | 74,436.48 | | 72.76 | .036 | | 103.24 | | 2.64 |
| ROOM USE | 1,275 | 1,775 | | 78,157.10 | | 44.03 | .063 | | 61.30 | | 2.78 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,551 | 4,305 | | 98,166.86 | | 22.80 | .153 | | 63.29 | | 3.49 |
| @COUNTY HOSPITAL TOTAL | 218 | 921 | \$ | 272,405.35 | \$ | 295.77 | .033 | \$ | 1249.57 | \$ | 9.68 |
| CO HOSPITAL INPATIENT TOTAL | 13 | 243 | | 248,923.45 | | 1024.38 | .009 | | 19147.96 | | 8.84 |
| HSC HOSPITALS | 13 | 124 | | 162,193.01 | | 1308.01 | .004 | | 12476.39 | | 5.76 |
| NON-HSC HOSPITALS TOTAL | 3 | 119 | | 86,730.44 | | 728.83 | .004 | | 28910.15 | | 3.08 |
| ACCOMMODATIONS | 3 | 119 | | 27,524.70 | | 231.30 | .004 | | 9174.90 | | .98 |
| ADMINISTRATIVE DAYS | 3 | 119 | | 27,524.70 | | 231.30 | .004 | | 9174.90 | | .98 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 3 | 0 | | 59,205.74 | | .00 | .000 | | 19735.25 | | 2.10 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 206 | 678 | | 23,481.90 | | 34.63 | .024 | | 113.99 | | .83 |
| MEDICAL | 50 | 61 | | 3,127.62 | | 51.27 | .002 | | 62.55 | | .11 |
| SURGERY | 8 | 9 | | 543.89 | | 60.43 | .000 | | 67.99 | | .02 |
| PATHOLOGY | 56 | 226 | | 2,175.50 | | 9.63 | .008 | | 38.85 | | .08 |
| RADIOLOGY | 16 | 19 | | 2,005.95 | | 105.58 | .001 | | 125.37 | | .07 |
| ROOM USE | 133 | 170 | | 6,569.51 | | 38.64 | .006 | | 49.39 | | .23 |
| CROSSOVERS/ALL OTH OUTPTNT | 67 | 193 | | 9,059.43 | | 46.94 | .007 | | 135.22 | | .32 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

PAGE 10,427
 01/17/03

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|-----------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 28,144 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 3,140 | 13,640 | \$ 1,356,990.54 | \$ 99.49 | .485 | \$ 432.16 | \$ 48.22 | |
| COMM HOSP INPATIENT TOTAL | 261 | 1,100 | 1,040,492.00 | 945.90 | .039 | 3986.56 | 36.97 | |
| HSC HOSPITALS | 43 | 221 | 309,952.00 | 1402.50 | .008 | 7208.19 | 11.01 | |
| NON-HSC HOSPITALS TOTAL | 117 | 387 | 641,691.12 | 1658.12 | .014 | 5484.54 | 22.80 | |
| ACCOMMODATIONS | 115 | 387 | 218,114.25 | 563.60 | .014 | 1896.65 | 7.75 | |
| ADMINISTRATIVE DAYS | 0 | 0 | 17.17 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | 75.51 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 115 | 387 | 218,021.57 | 563.36 | .014 | 1895.84 | 7.75 | |
| ANCILLARIES | 117 | 0 | 423,576.87 | .00 | .000 | 3620.32 | 15.05 | |
| INPATIENT CROSSOVERS | 103 | 492 | 88,848.88 | 180.59 | .017 | 862.61 | 3.16 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | | |
|------------------------------|-------|--------|----|------------|----|--------|------|---------|-------|
| COMM HOSP OUTPATIENT TOTAL | 2,977 | 12,540 | | 316,498.54 | | 25.24 | .446 | 106.31 | 11.25 |
| MEDICAL | 345 | 435 | | 16,548.70 | | 38.04 | .015 | 47.97 | .59 |
| SURGERY | 110 | 118 | | 8,050.48 | | 68.22 | .004 | 73.19 | .29 |
| PATHOLOGY | 1,201 | 5,266 | | 58,773.81 | | 11.16 | .187 | 48.94 | 2.09 |
| RADIOLOGY | 709 | 1,004 | | 72,430.53 | | 72.14 | .036 | 102.16 | 2.57 |
| ROOM USE | 1,166 | 1,605 | | 71,587.59 | | 44.60 | .057 | 61.40 | 2.54 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,492 | 4,112 | | 89,107.43 | | 21.67 | .146 | 59.72 | 3.17 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 80 | 1,746 | \$ | 370,489.80 | \$ | 212.19 | .062 | 4631.12 | 13.16 |
| LEV A-INTERMEDIATE | 2 | 101 | | 8,546.62 | | 84.62 | .004 | 4273.31 | .30 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 78 | 1,645 | | 361,943.18 | | 220.03 | .058 | 4640.30 | 12.86 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 74 | 1,312 | \$ | 78,659.77 | \$ | 59.95 | .047 | 1062.97 | 2.79 |
| HOSPITAL BASED | 1 | 20 | | 6,043.12 | | 302.16 | .001 | 6043.12 | .21 |
| HEMODIALYSIS CENTER | 73 | 1,292 | | 72,616.65 | | 56.20 | .046 | 994.75 | 2.58 |
| @REHABILITATION FACILITY | 10 | 17 | \$ | 1,612.22 | \$ | 94.84 | .001 | 161.22 | .06 |
| HOSPITAL BASED | 10 | 17 | | 1,612.22 | | 94.84 | .001 | 161.22 | .06 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 495 | 1,398 | \$ | 24,014.77 | \$ | 17.18 | .050 | 48.51 | .85 |
| PATHOLOGY | 489 | 1,383 | | 23,825.25 | | 17.23 | .049 | 48.72 | .85 |
| XO AND OTHERS | 6 | 15 | | 189.52 | | 12.63 | .001 | 31.59 | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 3,395 | 5,161 | \$ | 415,724.37 | \$ | 80.55 | .183 | 122.45 | 14.77 |
| CLINIC | 111 | 427 | | 11,454.29 | | 26.83 | .015 | 103.19 | .41 |
| SURGICENTER | 3 | 9 | | 1,019.55 | | 113.28 | .000 | 339.85 | .04 |
| HEROIN DETOX CLINIC | 2 | 32 | | 371.62 | | 11.61 | .001 | 185.81 | .01 |
| RURAL HEALTH CLINIC | 3,299 | 4,693 | | 402,878.91 | | 85.85 | .167 | 122.12 | 14.31 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,428
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 28,144 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 1,484 | 190,911 | \$ 335,534.93 | \$ 1.76 | 6.783 | \$ 226.10 | \$ 11.92 | |
| DURABLE MED. EQUIP. | 134 | 612 | 93,406.21 | 152.62 | .022 | 697.06 | 3.32 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 11 | 23 | 3,283.10 | 142.74 | .001 | 298.46 | .12 | |
| MEDICAL TRANSPORTATION | 221 | 4,273 | 52,824.98 | 12.36 | .152 | 239.03 | 1.88 | |
| AMBULANCES/AIR TRANS | 132 | 2,247 | 27,075.82 | 12.05 | .080 | 205.12 | .96 | |
| OTHER TRANS | 15 | 1,122 | 4,974.12 | 4.43 | .040 | 331.61 | .18 | |
| OTHER SERVICES | 85 | 904 | 20,775.04 | 22.98 | .032 | 244.41 | .74 | |
| ACUPUNCTURE | 6 | 18 | 324.39 | 18.02 | .001 | 54.07 | .01 | |
| ADULT DAY HEALTH CARE CTR | 16 | 179 | 11,968.07 | 66.86 | .006 | 748.00 | .43 | |
| GENETIC DISEASE TESTING | 28 | 28 | 1,894.00 | 67.64 | .001 | 67.64 | .07 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 21 | 2,272 | 68,512.04 | 30.15 | .081 | 3262.48 | 2.43 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 333 | 760 | 8,178.24 | 10.76 | .027 | 24.56 | .29 | |
| PHYSICAL THERAPIST | 1 | 1 | 88.69 | 88.69 | .000 | 88.69 | .00 | |

| | | | | | | | |
|-------------------------------|-------|---------|---------------|-----------|-------|------------|----------|
| PORTABLE X-RAY | 2 | 2 | 1.30 | .65 | .000 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 7 | 41 | 4,412.38 | 107.62 | .001 | 630.34 | .16 |
| PROSTHETICS | 7 | 40 | 4,323.69 | 108.09 | .001 | 617.67 | .15 |
| ORTHOTICS | 1 | 1 | 88.69 | 88.69 | .000 | 88.69 | .00 |
| PSYCHOLOGIST | 4 | 24 | 1,505.02 | 62.71 | .001 | 376.26 | .05 |
| SPEECH AND AUDIOLOGY | 31 | 71 | 9,481.28 | 133.54 | .003 | 305.85 | .34 |
| HOSPICE SERVICES | 6 | 185 | 21,557.49 | 116.53 | .007 | 3592.92 | .77 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 213 | 979 | 7,646.11 | 7.81 | .035 | 35.90 | .27 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 1 | 1 | 26.80 | 26.80 | .000 | 26.80 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 547 | 181,443 | 50,451.63 | .28 | 6.447 | 92.23 | 1.79 |
| @CALIF. CHILDREN SERVICES* | 210 | 3,336 | \$ 408,939.80 | \$ 122.58 | .119 | \$ 1947.33 | \$ 14.53 |
| @XOVER EXCLUDING STATE HOSP** | 2,053 | 19,477 | \$ 344,320.79 | \$ 17.68 | .692 | \$ 167.72 | \$ 12.23 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,429 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR MN - NO SOC - AGED | AID CODE 14 1H 1U |

| 1,946 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,517 | 13,752 | \$ 775,636.47 | \$ 56.40 | 7.067 | \$ 511.30 | \$ 398.58 |
| @PHYSICIANS SERVICES | 369 | 1,797 | \$ 35,358.49 | \$ 19.68 | .923 | \$ 95.82 | \$ 18.17 |
| OUTPATIENT VISITS | 71 | 109 | 4,792.68 | 43.97 | .056 | 67.50 | 2.46 |
| OFFICE VISITS | 54 | 74 | 2,776.66 | 37.52 | .038 | 51.42 | 1.43 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 21 | 27 | 1,814.10 | 67.19 | .014 | 86.39 | .93 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 5 | 8 | 201.92 | 25.24 | .004 | 40.38 | .10 |
| INPATIENT VISITS | 8 | 13 | 828.15 | 63.70 | .007 | 103.52 | .43 |
| HOSPITAL VISITS | 6 | 10 | 524.15 | 52.42 | .005 | 87.36 | .27 |
| CRITICAL CARE | 2 | 3 | 304.00 | 101.33 | .002 | 152.00 | .16 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 5 | 8 | 344.83 | 43.10 | .004 | 68.97 | .18 |
| EXAMINATIONS | 5 | 8 | 344.83 | 43.10 | .004 | 68.97 | .18 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 7 | 38 | 4,632.04 | 121.90 | .020 | 661.72 | 2.38 |
| PRINCIPAL SURGEON | 5 | 7 | 3,499.59 | 499.94 | .004 | 699.92 | 1.80 |
| ASSISTANT SURGEON | 1 | 1 | 268.03 | 268.03 | .001 | 268.03 | .14 |
| ANESTHESIOLOGIST | 4 | 30 | 864.42 | 28.81 | .015 | 216.11 | .44 |
| OUTPATIENT SURGERY | 11 | 49 | 3,923.94 | 80.08 | .025 | 356.72 | 2.02 |
| PRINCIPAL SURGEON | 9 | 10 | 3,036.84 | 303.68 | .005 | 337.43 | 1.56 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 39 | 887.10 | 22.75 | .020 | 177.42 | .46 |
| DIALYSIS | 7 | 39 | 1,938.68 | 49.71 | .020 | 276.95 | 1.00 |
| PATHOLOGY | 16 | 41 | 915.13 | 22.32 | .021 | 57.20 | .47 |
| RADIOLOGY | 62 | 143 | 5,336.61 | 37.32 | .073 | 86.07 | 2.74 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 3 | 16 | 279.94 | 17.50 | .008 | 93.31 | .14 |
| OTHER SERVICES/ALL X-OVERS | 276 | 1,341 | 12,366.49 | 9.22 | .689 | 44.81 | 6.35 |
| @PHARMACY | 1,293 | 7,424 | \$ 337,476.40 | \$ 45.46 | 3.815 | \$ 261.00 | \$ 173.42 |
| PRESCRIPTION DRUGS | 1,269 | 5,030 | 325,294.03 | 64.67 | 2.585 | 256.34 | 167.16 |

| | | | | | | | |
|-------------------------|-------|-------|------------|--------|-------|--------|--------|
| SNF/ICF | 28 | 183 | 12,604.75 | 68.88 | .094 | 450.17 | 6.48 |
| OUTPATIENTS | 1,243 | 4,847 | 312,689.28 | 64.51 | 2.491 | 251.56 | 160.68 |
| MEDICAL SUPPLIES | 183 | 2,394 | 12,182.37 | 5.09 | 1.230 | 66.57 | 6.26 |
| @DENTIST | 77 | 345 | 19,397.36 | 56.22 | .177 | 251.91 | 9.97 |
| VISITS - DIAGNOSTIC | 51 | 208 | 2,938.36 | 14.13 | .107 | 57.61 | 1.51 |
| ORAL SURGERY | 19 | 40 | 1,941.00 | 48.53 | .021 | 102.16 | 1.00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .001 | 100.00 | .05 |
| PERIODONTICS | 7 | 9 | 1,000.00 | 111.11 | .005 | 142.86 | .51 |
| ENDODONTICS | 8 | 21 | 4,570.00 | 217.62 | .011 | 571.25 | 2.35 |
| RESTORATIVE DENTISTRY | 19 | 43 | 4,865.00 | 113.14 | .022 | 256.05 | 2.50 |
| PROSTHETICS | 1 | 1 | 50.00 | 50.00 | .001 | 50.00 | .03 |
| DENTURES, STAYPLATES | 7 | 22 | 3,933.00 | 178.77 | .011 | 561.86 | 2.02 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,430
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U

| 1,946 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 33 | 108 | 2,369.05 | 21.94 | .055 | 71.79 | 1.22 |
| DIAGNOSTIC AND ANC. PROCED | 16 | 16 | 759.12 | 47.45 | .008 | 47.45 | .39 |
| EYE APPLIANCES | 32 | 92 | 1,609.93 | 17.50 | .047 | 50.31 | .83 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 9 | 18 | 142.81 | 7.93 | .009 | 15.87 | .07 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 9 | 18 | 142.81 | 7.93 | .009 | 15.87 | .07 |
| @HOME HEALTH AGENCY | 7 | 20 | 1,293.10 | 64.66 | .010 | 184.73 | .66 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 234 | 917 | 113,377.18 | 123.64 | .471 | 484.52 | 58.26 |
| HOSP INPATIENT TOTAL | 27 | 115 | 90,469.04 | 786.69 | .059 | 3350.71 | 46.49 |
| HSC HOSPITALS | 3 | 15 | 13,095.00 | 873.00 | .008 | 4365.00 | 6.73 |
| NON-HSC HOSPITAL TOTAL | 8 | 27 | 64,503.59 | 2389.02 | .014 | 8062.95 | 33.15 |
| ACCOMMODATIONS | 8 | 27 | 23,063.37 | 854.20 | .014 | 2882.92 | 11.85 |
| ADMINISTRATIVE DAYS | 0 | 0 | 30.78CR | .00 | .000 | .00 | .02CR |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 8 | 27 | 23,094.15 | 855.34 | .014 | 2886.77 | 11.87 |
| ANCILLARIES | 8 | 0 | 41,440.22 | .00 | .000 | 5180.03 | 21.30 |
| INPATIENT CROSSOVERS | 16 | 73 | 12,870.45 | 176.31 | .038 | 804.40 | 6.61 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 220 | 802 | 22,908.14 | 28.56 | .412 | 104.13 | 11.77 |
| MEDICAL | 14 | 19 | 878.74 | 46.25 | .010 | 62.77 | .45 |
| SURGERY | 7 | 8 | 776.95 | 97.12 | .004 | 110.99 | .40 |
| PATHOLOGY | 49 | 160 | 2,083.66 | 13.02 | .082 | 42.52 | 1.07 |

| | | | | | | | |
|-----------------------------|-----|-----|-------------|----------|------|-----------|--------|
| RADIOLOGY | 28 | 45 | 3,624.08 | 80.54 | .023 | 129.43 | 1.86 |
| ROOM USE | 23 | 39 | 1,431.35 | 36.70 | .020 | 62.23 | .74 |
| CROSSOVERS/ALL OTH OUTPTNT | 175 | 531 | 14,113.36 | 26.58 | .273 | 80.65 | 7.25 |
| @COUNTY HOSPITAL TOTAL | 9 | 32 | \$ 1,364.35 | \$ 42.64 | .016 | \$ 151.59 | \$.70 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 6 | 812.00 | 135.33 | .003 | 812.00 | .42 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 6 | 812.00 | 135.33 | .003 | 812.00 | .42 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 8 | 26 | 552.35 | 21.24 | .013 | 69.04 | .28 |
| MEDICAL | 1 | 2 | 124.48 | 62.24 | .001 | 124.48 | .06 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 82.29 | 11.76 | .004 | 41.15 | .04 |
| RADIOLOGY | 1 | 1 | 23.47 | 23.47 | .001 | 23.47 | .01 |
| ROOM USE | 6 | 9 | 224.03 | 24.89 | .005 | 37.34 | .12 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 7 | 98.08 | 14.01 | .004 | 24.52 | .05 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,431
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

| | 1,946 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | MONTHLY AVERAGE COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-------------------------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 226 | 885 | \$ | 112,012.83 | \$ 126.57 | .455 | \$ 495.63 | \$ 57.56 |
| COMM HOSP INPATIENT TOTAL | 26 | 109 | | 89,657.04 | 822.54 | .056 | 3448.35 | 46.07 |
| HSC HOSPITALS | 3 | 15 | | 13,095.00 | 873.00 | .008 | 4365.00 | 6.73 |
| NON-HSC HOSPITALS TOTAL | 8 | 27 | | 64,503.59 | 2389.02 | .014 | 8062.95 | 33.15 |
| ACCOMMODATIONS | 8 | 27 | | 23,063.37 | 854.20 | .014 | 2882.92 | 11.85 |

| | | | | | | | |
|-------------------------------|-----|-----|------------|--------|------|---------|-------|
| ADMINISTRATIVE DAYS | 0 | 0 | 30.78CR | .00 | .000 | .00 | .02CR |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 8 | 27 | 23,094.15 | 855.34 | .014 | 2886.77 | 11.87 |
| ANCILLARIES | 8 | 0 | 41,440.22 | .00 | .000 | 5180.03 | 21.30 |
| INPATIENT CROSSOVERS | 15 | 67 | 12,058.45 | 179.98 | .034 | 803.90 | 6.20 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 213 | 776 | 22,355.79 | 28.81 | .399 | 104.96 | 11.49 |
| MEDICAL | 13 | 17 | 754.26 | 44.37 | .009 | 58.02 | .39 |
| SURGERY | 7 | 8 | 776.95 | 97.12 | .004 | 110.99 | .40 |
| PATHOLOGY | 47 | 153 | 2,001.37 | 13.08 | .079 | 42.58 | 1.03 |
| RADIOLOGY | 27 | 44 | 3,600.61 | 81.83 | .023 | 133.36 | 1.85 |
| ROOM USE | 18 | 30 | 1,207.32 | 40.24 | .015 | 67.07 | .62 |
| CROSSOVERS/ALL OTH OUTPTNT | 171 | 524 | 14,015.28 | 26.75 | .269 | 81.96 | 7.20 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 32 | 866 | 187,350.83 | 216.34 | .445 | 5854.71 | 96.27 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 3 | 75 | 29,818.55 | 397.58 | .039 | 9939.52 | 15.32 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 31 | 791 | 157,532.28 | 199.16 | .406 | 5081.69 | 80.95 |
| @INTERMEDIATE CARE FACIL.--DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 42 | 986 | 50,155.35 | 50.87 | .507 | 1194.18 | 25.77 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 42 | 986 | 50,155.35 | 50.87 | .507 | 1194.18 | 25.77 |
| @REHABILITATION FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 23 | 121 | 1,405.77 | 11.62 | .062 | 61.12 | .72 |
| PATHOLOGY | 22 | 119 | 1,378.17 | 11.58 | .061 | 62.64 | .71 |
| XO AND OTHERS | 1 | 2 | 27.60 | 13.80 | .001 | 27.60 | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 157 | 269 | 16,263.21 | 60.46 | .138 | 103.59 | 8.36 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 157 | 269 | 16,263.21 | 60.46 | .138 | 103.59 | 8.36 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,432
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

| | | ----- MONTHLY AVERAGE ----- | | | | | | |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
| 1,946 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 137 | 881 | \$ 11,046.92 | \$ 12.54 | .453 | \$ 80.63 | \$ 5.68 | |
| DURABLE MED. EQUIP. | 3 | 3 | 194.31 | 64.77 | .002 | 64.77 | .10 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 21 | 233 | 1,877.78 | 8.06 | .120 | 89.42 | .96 | |
| AMBULANCES/AIR TRANS | 4 | 25 | 578.07 | 23.12 | .013 | 144.52 | .30 | |
| OTHER TRANS | 1 | 3 | 18.82 | 6.27 | .002 | 18.82 | .01 | |
| OTHER SERVICES | 16 | 205 | 1,280.89 | 6.25 | .105 | 80.06 | .66 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-------------------------------|-----|-------|--------------|----------|-------|-----------|----------|
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 41 | 87 | 1,120.10 | 12.87 | .045 | 27.32 | .58 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 6 | 14 | 2,006.27 | 143.31 | .007 | 334.38 | 1.03 |
| HOSPICE SERVICES | 1 | 30 | 3,241.20 | 108.04 | .015 | 3241.20 | 1.67 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 75 | 514 | 2,607.26 | 5.07 | .264 | 34.76 | 1.34 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 424 | 4,214 | \$ 76,920.48 | \$ 18.25 | 2.165 | \$ 181.42 | \$ 39.53 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,433 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR MN - NO SOC - BLIND | AID CODE 24 |

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 9 | 113 | \$ 4,893.51 | \$ 43.31 | 28.250 | \$ 543.72 | \$ 1223.38 |
| @PHYSICIANS SERVICES | 4 | 6 | \$ 119.10 | \$ 19.85 | 1.500 | \$ 29.78 | \$ 29.78 |
| OUTPATIENT VISITS | 1 | 1 | 44.60 | 44.60 | .250 | 44.60 | 11.15 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .250 | 44.60 | 11.15 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|----|----|----------|----|-------|--------|-----------|-----------|
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | 5 | | 74.50 | | 14.90 | 1.250 | 24.83 | 18.63 |
| @PHARMACY | 8 | 40 | \$ | 1,996.72 | \$ | 49.92 | 10.000 | \$ 249.59 | \$ 499.18 |
| PRESCRIPTION DRUGS | 8 | 40 | | 1,996.72 | | 49.92 | 10.000 | 249.59 | 499.18 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 8 | 40 | | 1,996.72 | | 49.92 | 10.000 | 249.59 | 499.18 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR MN - NO SOC - BLIND | | | | | | | | |
| | AID CODE 24 | | | | | | | | |

PAGE 10,434
01/17/03

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 3 | 5 | \$ 142.86 | \$ 28.57 | 1.250 | \$ 47.62 | \$ 35.72 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|-------|--------|--------|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3 | 5 | 142.86 | 28.57 | 1.250 | 47.62 | 35.72 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 32.64 | 32.64 | .250 | 32.64 | 8.16 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | 110.22 | 27.56 | 1.000 | 36.74 | 27.56 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,435
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 3 | 5 | \$ 142.86 | \$ 28.57 | 1.250 | \$ 47.62 | \$ 35.72 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | 5 | 142.86 | 28.57 | 1.250 | 47.62 | 35.72 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 32.64 | 32.64 | .250 | 32.64 | 8.16 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | 110.22 | 27.56 | 1.000 | 36.74 | 27.56 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|----------|----|--------|-------|-----------|-----------|
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 4 | 5 | \$ | 2,164.46 | \$ | 432.89 | 1.250 | \$ 541.12 | \$ 541.12 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 4 | 5 | | 2,164.46 | | 432.89 | 1.250 | 541.12 | 541.12 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ | 77.93 | \$ | 77.93 | .250 | \$ 77.93 | \$ 19.48 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | | 77.93 | | 77.93 | .250 | 77.93 | 19.48 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,436
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 1 | 56 | \$ 392.44 | \$ 7.01 | 14.000 | \$ 392.44 | \$ 98.11 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|----|-------------|-----------|--------|-----------|-----------|
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 56 | 392.44 | 7.01 | 14.000 | 392.44 | 98.11 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 5 | 13 | \$ 2,345.93 | \$ 180.46 | 3.250 | \$ 469.19 | \$ 586.48 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,437
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

| | 575 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|---------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 529 | 8,992 | \$ | 623,820.01 | \$ 69.38 | 15.638 | \$ 1179.24 | \$ 1084.90 |
| @PHYSICIANS SERVICES | 178 | 1,451 | \$ | 41,381.21 | \$ 28.52 | 2.523 | \$ 232.48 | \$ 71.97 |
| OUTPATIENT VISITS | 63 | 110 | | 5,797.70 | 52.71 | .191 | 92.03 | 10.08 |
| OFFICE VISITS | 22 | 35 | | 1,292.32 | 36.92 | .061 | 58.74 | 2.25 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 38 | 63 | | 4,192.55 | 66.55 | .110 | 110.33 | 7.29 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 11 | 12 | | 312.83 | 26.07 | .021 | 28.44 | .54 |
| INPATIENT VISITS | 26 | 120 | | 6,045.25 | 50.38 | .209 | 232.51 | 10.51 |
| HOSPITAL VISITS | 25 | 114 | | 5,398.33 | 47.35 | .198 | 215.93 | 9.39 |
| CRITICAL CARE | 1 | 4 | | 591.92 | 147.98 | .007 | 591.92 | 1.03 |
| SNF/ICF/TRANS IP CARE | 1 | 2 | | 55.00 | 27.50 | .003 | 55.00 | .10 |
| OPHTHALMOLOGICAL SERVICES | 5 | 5 | | 206.39 | 41.28 | .009 | 41.28 | .36 |
| EXAMINATIONS | 5 | 5 | | 206.39 | 41.28 | .009 | 41.28 | .36 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 12 | 38 | | 4,336.73 | 114.12 | .066 | 361.39 | 7.54 |
| PRINCIPAL SURGEON | 9 | 11 | | 3,419.53 | 310.87 | .019 | 379.95 | 5.95 |
| ASSISTANT SURGEON | 1 | 1 | | 91.59 | 91.59 | .002 | 91.59 | .16 |
| ANESTHESIOLOGIST | 5 | 26 | | 825.61 | 31.75 | .045 | 165.12 | 1.44 |

| | | | | | | | | |
|--|-------|-------------------------------------|----|--------------|------------------------------|------------------------|------------------|----------------------|
| OUTPATIENT SURGERY | 19 | 56 | | 5,998.80 | 107.12 | .097 | 315.73 | 10.43 |
| PRINCIPAL SURGEON | 18 | 24 | | 5,201.23 | 216.72 | .042 | 288.96 | 9.05 |
| ASSISTANT SURGEON | 1 | 1 | | 122.86 | 122.86 | .002 | 122.86 | .21 |
| ANESTHESIOLOGIST | 3 | 31 | | 674.71 | 21.76 | .054 | 224.90 | 1.17 |
| DIALYSIS | 17 | 122 | | 5,262.74 | 43.14 | .212 | 309.57 | 9.15 |
| PATHOLOGY | 15 | 99 | | 415.11 | 4.19 | .172 | 27.67 | .72 |
| RADIOLOGY | 49 | 99 | | 2,969.29 | 29.99 | .172 | 60.60 | 5.16 |
| PSYCHIATRY | 1 | 1 | | 43.42 | 43.42 | .002 | 43.42 | .08 |
| IMMUNIZATION AND INJECTION | 5 | 6 | | 221.14 | 36.86 | .010 | 44.23 | .38 |
| OTHER SERVICES/ALL X-OVERS | 105 | 795 | | 10,084.64 | 12.69 | 1.383 | 96.04 | 17.54 |
| @PHARMACY | 404 | 2,545 | \$ | 214,906.75 | \$ 84.44 | 4.426 | \$ 531.95 | \$ 373.75 |
| PRESCRIPTION DRUGS | 398 | 2,029 | | 208,656.10 | 102.84 | 3.529 | 524.26 | 362.88 |
| SNF/ICF | 14 | 83 | | 2,594.41 | 31.26 | .144 | 185.32 | 4.51 |
| OUTPATIENTS | 386 | 1,946 | | 206,061.69 | 105.89 | 3.384 | 533.84 | 358.37 |
| MEDICAL SUPPLIES | 58 | 516 | | 6,250.65 | 12.11 | .897 | 107.77 | 10.87 |
| @DENTIST | 42 | 165 | \$ | 8,548.00 | \$ 51.81 | .287 | \$ 203.52 | \$ 14.87 |
| VISITS - DIAGNOSTIC | 26 | 89 | | 1,738.00 | 19.53 | .155 | 66.85 | 3.02 |
| ORAL SURGERY | 4 | 30 | | 1,603.00 | 53.43 | .052 | 400.75 | 2.79 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | 100.00 | .002 | 100.00 | .17 |
| PERIODONTICS | 2 | 3 | | 400.00 | 133.33 | .005 | 200.00 | .70 |
| ENDODONTICS | 3 | 3 | | 735.00 | 245.00 | .005 | 245.00 | 1.28 |
| RESTORATIVE DENTISTRY | 15 | 37 | | 3,907.00 | 105.59 | .064 | 260.47 | 6.79 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 1 | 1 | | 65.00 | 65.00 | .002 | 65.00 | .11 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 2 | 1 | | .00 | .00 | .002 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | |
| MOP024 FEE-FOR-SERVICE/DENTAL | | | | | | | | |
| SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G | | | | | | | | |
| ----- MONTHLY AVERAGE ----- | | | | | | | | |
| 575 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 16 | 57 | \$ | 1,246.69 | \$ 21.87 | .099 | \$ 77.92 | \$ 2.17 |
| DIAGNOSTIC AND ANC. PROCED | 10 | 10 | | 474.50 | 47.45 | .017 | 47.45 | .83 |
| EYE APPLIANCES | 16 | 47 | | 772.19 | 16.43 | .082 | 48.26 | 1.34 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 4 | 6 | \$ | 217.83 | \$ 36.31 | .010 | \$ 54.46 | \$.38 |
| MEDICINE/INJECTIONS | 2 | 3 | | 123.40 | 41.13 | .005 | 61.70 | .21 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 1 | 1 | | 17.30 | 17.30 | .002 | 17.30 | .03 |
| OTHER | 2 | 2 | | 77.13 | 38.57 | .003 | 38.57 | .13 |
| @HOME HEALTH AGENCY | 4 | 32 | \$ | 2,350.79 | \$ 73.46 | .056 | \$ 587.70 | \$ 4.09 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 4 | 5 | \$ | 122.40 | \$ 24.48 | .009 | \$ 30.60 | \$.21 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 155 | 1,320 | \$ | 196,081.98 | \$ 148.55 | 2.296 | \$ 1265.05 | \$ 341.01 |
| HOSP INPATIENT TOTAL | 19 | 127 | | 170,456.14 | 1342.17 | .221 | 8971.38 | 296.45 |
| HSC HOSPITALS | 10 | 74 | | 83,820.00 | 1132.70 | .129 | 8382.00 | 145.77 |

| | | | | | | | |
|-----------------------------|-----|-------|-------------|----------|-------|----------|---------|
| NON-HSC HOSPITAL TOTAL | 5 | 35 | 83,408.14 | 2383.09 | .061 | 16681.63 | 145.06 |
| ACCOMMODATIONS | 5 | 35 | 45,293.10 | 1294.09 | .061 | 9058.62 | 78.77 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 5 | 35 | 45,293.10 | 1294.09 | .061 | 9058.62 | 78.77 |
| ANCILLARIES | 5 | 0 | 38,115.04 | .00 | .000 | 7623.01 | 66.29 |
| INPATIENT CROSSOVERS | 4 | 18 | 3,228.00 | 179.33 | .031 | 807.00 | 5.61 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 148 | 1,193 | 25,625.84 | 21.48 | 2.075 | 173.15 | 44.57 |
| MEDICAL | 26 | 53 | 1,413.11 | 26.66 | .092 | 54.35 | 2.46 |
| SURGERY | 12 | 16 | 1,007.84 | 62.99 | .028 | 83.99 | 1.75 |
| PATHOLOGY | 73 | 521 | 5,830.92 | 11.19 | .906 | 79.88 | 10.14 |
| RADIOLOGY | 33 | 70 | 5,772.93 | 82.47 | .122 | 174.94 | 10.04 |
| ROOM USE | 55 | 93 | 3,687.98 | 39.66 | .162 | 67.05 | 6.41 |
| CROSSOVERS/ALL OTH OUTPTNT | 94 | 440 | 7,913.06 | 17.98 | .765 | 84.18 | 13.76 |
| @COUNTY HOSPITAL TOTAL | 30 | 134 | \$ 2,201.07 | \$ 16.43 | .233 | \$ 73.37 | \$ 3.83 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 30 | 134 | 2,201.07 | 16.43 | .233 | 73.37 | 3.83 |
| MEDICAL | 5 | 7 | 124.43 | 17.78 | .012 | 24.89 | .22 |
| SURGERY | 4 | 4 | 273.81 | 68.45 | .007 | 68.45 | .48 |
| PATHOLOGY | 4 | 25 | 128.49 | 5.14 | .043 | 32.12 | .22 |
| RADIOLOGY | 3 | 5 | 425.69 | 85.14 | .009 | 141.90 | .74 |
| ROOM USE | 12 | 16 | 526.62 | 32.91 | .028 | 43.89 | .92 |
| CROSSOVERS/ALL OTH OUTPTNT | 19 | 77 | 722.03 | 9.38 | .134 | 38.00 | 1.26 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,439
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

| 575 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 137 | 1,186 | \$ 193,880.91 | \$ 163.47 | 2.063 | \$ 1415.19 | \$ 337.18 |
| COMM HOSP INPATIENT TOTAL | 19 | 127 | 170,456.14 | 1342.17 | .221 | 8971.38 | 296.45 |
| HSC HOSPITALS | 10 | 74 | 83,820.00 | 1132.70 | .129 | 8382.00 | 145.77 |
| NON-HSC HOSPITALS TOTAL | 5 | 35 | 83,408.14 | 2383.09 | .061 | 16681.63 | 145.06 |
| ACCOMMODATIONS | 5 | 35 | 45,293.10 | 1294.09 | .061 | 9058.62 | 78.77 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 5 | 35 | 45,293.10 | 1294.09 | .061 | 9058.62 | 78.77 |
| ANCILLARIES | 5 | 0 | 38,115.04 | .00 | .000 | 7623.01 | 66.29 |
| INPATIENT CROSSOVERS | 4 | 18 | 3,228.00 | 179.33 | .031 | 807.00 | 5.61 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 129 | 1,059 | 23,424.77 | 22.12 | 1.842 | 181.59 | 40.74 |
| MEDICAL | 21 | 46 | 1,288.68 | 28.01 | .080 | 61.37 | 2.24 |
| SURGERY | 9 | 12 | 734.03 | 61.17 | .021 | 81.56 | 1.28 |
| PATHOLOGY | 69 | 496 | 5,702.43 | 11.50 | .863 | 82.64 | 9.92 |
| RADIOLOGY | 30 | 65 | 5,347.24 | 82.27 | .113 | 178.24 | 9.30 |
| ROOM USE | 45 | 77 | 3,161.36 | 41.06 | .134 | 70.25 | 5.50 |

| | | | | | | | | | |
|------------------------------|----|-------|----|-----------|----|--------|-------|------------|-----------|
| CROSSOVERS/ALL OTH OUTPTNT | 78 | 363 | | 7,191.03 | | 19.81 | .631 | 92.19 | 12.51 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 13 | 350 | \$ | 50,370.39 | \$ | 143.92 | .609 | \$ 3874.65 | \$ 87.60 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 13 | 350 | | 50,370.39 | | 143.92 | .609 | 3874.65 | 87.60 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 39 | 2,151 | \$ | 73,456.01 | \$ | 34.15 | 3.741 | \$ 1883.49 | \$ 127.75 |
| HOSPITAL BASED | 2 | 42 | | 5,882.06 | | 140.05 | .073 | 2941.03 | 10.23 |
| HEMODIALYSIS CENTER | 37 | 2,109 | | 67,573.95 | | 32.04 | 3.668 | 1826.32 | 117.52 |
| @REHABILITATION FACILITY | 6 | 31 | \$ | 722.90 | \$ | 23.32 | .054 | \$ 120.48 | \$ 1.26 |
| HOSPITAL BASED | 6 | 31 | | 722.90 | | 23.32 | .054 | 120.48 | 1.26 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 20 | 161 | \$ | 1,788.88 | \$ | 11.11 | .280 | \$ 89.44 | \$ 3.11 |
| PATHOLOGY | 20 | 161 | | 1,788.88 | | 11.11 | .280 | 89.44 | 3.11 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 83 | 124 | \$ | 8,963.67 | \$ | 72.29 | .216 | \$ 108.00 | \$ 15.59 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 83 | 124 | | 8,963.67 | | 72.29 | .216 | 108.00 | 15.59 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,440
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

| 575 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 63 | 594 | \$ 23,662.51 | \$ 39.84 | 1.033 | \$ 375.60 | \$ 41.15 |
| DURABLE MED. EQUIP. | 5 | 58 | 9,989.97 | 172.24 | .101 | 1997.99 | 17.37 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 4 | 12 | 1,190.93 | 99.24 | .021 | 297.73 | 2.07 |
| MEDICAL TRANSPORTATION | 14 | 355 | 4,690.61 | 13.21 | .617 | 335.04 | 8.16 |
| AMBULANCES/AIR TRANS | 11 | 333 | 4,421.53 | 13.28 | .579 | 401.96 | 7.69 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 22 | 269.08 | 12.23 | .038 | 89.69 | .47 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 17 | 38 | 442.04 | 11.63 | .066 | 26.00 | .77 |
| PHYSICAL THERAPIST | 1 | 1 | 1.39 | 1.39 | .002 | 1.39 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 5 | 60 | 6,671.89 | 111.20 | .104 | 1334.38 | 11.60 |
| PROSTHETICS | 5 | 60 | 6,671.89 | 111.20 | .104 | 1334.38 | 11.60 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 73.58 | 36.79 | .003 | 73.58 | .13 |

| | | | | | | | |
|-------------------------------|-----|-------|--------------|-----------|-------|------------|-----------|
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 18 | 68 | 602.10 | 8.85 | .118 | 33.45 | 1.05 |
| @CALIF. CHILDREN SERVICES* | 15 | 372 | \$ 58,032.55 | \$ 156.00 | .647 | \$ 3868.84 | \$ 100.93 |
| @XOVER EXCLUDING STATE HOSP** | 129 | 1,097 | \$ 27,941.27 | \$ 25.47 | 1.908 | \$ 216.60 | \$ 48.59 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|------------------------------------|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,441 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR | MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J | |

| | 30,111 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 12,421 | 60,225 | \$ 4,602,028.33 | \$ 76.41 | 2.000 | \$ 370.50 | \$ 152.84 | |
| @PHYSICIANS SERVICES | 4,337 | 10,095 | \$ 561,536.21 | \$ 55.63 | .335 | \$ 129.48 | \$ 18.65 | |
| OUTPATIENT VISITS | 3,062 | 4,224 | 187,296.89 | 44.34 | .140 | 61.17 | 6.22 | |
| OFFICE VISITS | 1,898 | 2,451 | 86,657.52 | 35.36 | .081 | 45.66 | 2.88 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 1,036 | 1,225 | 62,356.08 | 50.90 | .041 | 60.19 | 2.07 | |
| PREVENTIVE CARE | 4 | 4 | 196.79 | 49.20 | .000 | 49.20 | .01 | |
| OB VISITS/COMPRE PERI | 276 | 472 | 35,907.60 | 76.08 | .016 | 130.10 | 1.19 | |
| OTHER OUTPATIENT | 64 | 72 | 2,178.90 | 30.26 | .002 | 34.05 | .07 | |
| INPATIENT VISITS | 237 | 750 | 64,764.78 | 86.35 | .025 | 273.27 | 2.15 | |
| HOSPITAL VISITS | 214 | 434 | 20,625.61 | 47.52 | .014 | 96.38 | .68 | |
| CRITICAL CARE | 38 | 311 | 43,875.87 | 141.08 | .010 | 1154.63 | 1.46 | |
| SNF/ICF/TRANS IP CARE | 1 | 5 | 263.30 | 52.66 | .000 | 263.30 | .01 | |
| OPHTHALMOLOGICAL SERVICES | 20 | 31 | 1,366.86 | 44.09 | .001 | 68.34 | .05 | |

| | | | | | | | |
|----------------------------|-------|--------|---------------|----------|------|-----------|----------|
| EXAMINATIONS | 20 | 31 | 1,366.86 | 44.09 | .001 | 68.34 | .05 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 333 | 1,062 | 183,915.98 | 173.18 | .035 | 552.30 | 6.11 |
| PRINCIPAL SURGEON | 223 | 246 | 153,406.98 | 623.61 | .008 | 687.92 | 5.09 |
| ASSISTANT SURGEON | 53 | 53 | 8,634.57 | 162.92 | .002 | 162.92 | .29 |
| ANESTHESIOLOGIST | 109 | 763 | 21,874.43 | 28.67 | .025 | 200.68 | .73 |
| OUTPATIENT SURGERY | 317 | 640 | 48,829.06 | 76.30 | .021 | 154.03 | 1.62 |
| PRINCIPAL SURGEON | 270 | 346 | 41,265.82 | 119.27 | .011 | 152.84 | 1.37 |
| ASSISTANT SURGEON | 2 | 2 | 293.72 | 146.86 | .000 | 146.86 | .01 |
| ANESTHESIOLOGIST | 81 | 292 | 7,269.52 | 24.90 | .010 | 89.75 | .24 |
| DIALYSIS | 7 | 20 | 2,442.12 | 122.11 | .001 | 348.87 | .08 |
| PATHOLOGY | 360 | 582 | 3,644.41 | 6.26 | .019 | 10.12 | .12 |
| RADIOLOGY | 1,126 | 1,608 | 42,361.31 | 26.34 | .053 | 37.62 | 1.41 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 78 | 203 | 1,767.37 | 8.71 | .007 | 22.66 | .06 |
| OTHER SERVICES/ALL X-OVERS | 378 | 975 | 25,147.43 | 25.79 | .032 | 66.53 | .84 |
| @PHARMACY | 6,406 | 17,259 | \$ 566,274.03 | \$ 32.81 | .573 | \$ 88.40 | \$ 18.81 |
| PRESCRIPTION DRUGS | 6,359 | 15,732 | 552,129.14 | 35.10 | .522 | 86.83 | 18.34 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 6,359 | 15,732 | 552,129.14 | 35.10 | .522 | 86.83 | 18.34 |
| MEDICAL SUPPLIES | 233 | 1,527 | 14,144.89 | 9.26 | .051 | 60.71 | .47 |
| @DENTIST | 1,286 | 6,211 | \$ 236,600.81 | \$ 38.09 | .206 | \$ 183.98 | \$ 7.86 |
| VISITS - DIAGNOSTIC | 954 | 3,825 | 63,562.31 | 16.62 | .127 | 66.63 | 2.11 |
| ORAL SURGERY | 154 | 312 | 19,954.00 | 63.96 | .010 | 129.57 | .66 |
| DRUGS | 50 | 54 | 1,251.00 | 23.17 | .002 | 25.02 | .04 |
| ANESTHESIA | 28 | 29 | 2,600.00 | 89.66 | .001 | 92.86 | .09 |
| PERIODONTICS | 30 | 31 | 4,373.00 | 141.06 | .001 | 145.77 | .15 |
| ENDODONTICS | 97 | 210 | 28,414.00 | 135.30 | .007 | 292.93 | .94 |
| RESTORATIVE DENTISTRY | 489 | 1,609 | 106,224.00 | 66.02 | .053 | 217.23 | 3.53 |
| PROSTHETICS | 3 | 4 | 120.00 | 30.00 | .000 | 40.00 | .00 |
| DENTURES, STAYPLATES | 12 | 89 | 6,844.00 | 76.90 | .003 | 570.33 | .23 |
| SPACE MAINTAINERS | 7 | 11 | 1,480.00 | 134.55 | .000 | 211.43 | .05 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 22 | 30 | 1,632.50 | 54.42 | .001 | 74.20 | .05 |
| ALL OTHER SERVICES | 7 | 7 | 146.00 | 20.86 | .000 | 20.86 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,442
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 30,111 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 249 | 807 | \$ 17,574.25 | \$ 21.78 | .027 | \$ 70.58 | \$.58 | |
| DIAGNOSTIC AND ANC. PROCED | 171 | 171 | 8,054.42 | 47.10 | .006 | 47.10 | .27 | |
| EYE APPLIANCES | 223 | 635 | 9,482.33 | 14.93 | .021 | 42.52 | .31 | |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 37.50 | 37.50 | .000 | 37.50 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 14 | 19 | \$ 400.04 | \$ 21.05 | .001 | \$ 28.57 | \$.01 | |
| MEDICINE/INJECTIONS | 14 | 19 | 400.04 | 21.05 | .001 | 28.57 | .01 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 44 | 143 | \$ 9,765.65 | \$ 68.29 | .005 | \$ 221.95 | \$.32 | |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | | | | | |
|------------------------------|-------|--------|----|--------------|----|---------|------|----|----------|----|-------|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 3 | \$ | 76.89 | \$ | 25.63 | .000 | \$ | 38.45 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 3,021 | 11,408 | \$ | 2,339,668.81 | \$ | 205.09 | .379 | \$ | 774.47 | \$ | 77.70 |
| HOSP INPATIENT TOTAL | 306 | 1,534 | | 2,097,696.90 | | 1367.47 | .051 | | 6855.22 | | 69.67 |
| HSC HOSPITALS | 66 | 793 | | 1,003,176.07 | | 1265.04 | .026 | | 15199.64 | | 33.32 |
| NON-HSC HOSPITAL TOTAL | 240 | 730 | | 1,092,896.83 | | 1497.12 | .024 | | 4553.74 | | 36.30 |
| ACCOMMODATIONS | 226 | 730 | | 390,988.63 | | 535.60 | .024 | | 1730.04 | | 12.98 |
| ADMINISTRATIVE DAYS | 2 | 7 | | 1,619.10 | | 231.30 | .000 | | 809.55 | | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 224 | 723 | | 389,369.53 | | 538.55 | .024 | | 1738.26 | | 12.93 |
| ANCILLARIES | 239 | 0 | | 701,908.20 | | .00 | .000 | | 2936.85 | | 23.31 |
| INPATIENT CROSSOVERS | 2 | 11 | | 1,624.00 | | 147.64 | .000 | | 812.00 | | .05 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,834 | 9,874 | | 241,971.91 | | 24.51 | .328 | | 85.38 | | 8.04 |
| MEDICAL | 365 | 439 | | 14,426.04 | | 32.86 | .015 | | 39.52 | | .48 |
| SURGERY | 114 | 132 | | 8,144.33 | | 61.70 | .004 | | 71.44 | | .27 |
| PATHOLOGY | 1,529 | 5,081 | | 61,520.21 | | 12.11 | .169 | | 40.24 | | 2.04 |
| RADIOLOGY | 892 | 1,188 | | 64,064.04 | | 53.93 | .039 | | 71.82 | | 2.13 |
| ROOM USE | 1,233 | 1,610 | | 70,072.16 | | 43.52 | .053 | | 56.83 | | 2.33 |
| CROSSOVERS/ALL OTH OUTPTNT | 850 | 1,424 | | 23,745.13 | | 16.67 | .047 | | 27.94 | | .79 |
| @COUNTY HOSPITAL TOTAL | 170 | 1,040 | \$ | 636,796.02 | \$ | 612.30 | .035 | \$ | 3745.86 | \$ | 21.15 |
| CO HOSPITAL INPATIENT TOTAL | 20 | 458 | | 615,256.03 | | 1343.35 | .015 | | 30762.80 | | 20.43 |
| HSC HOSPITALS | 20 | 458 | | 615,256.03 | | 1343.35 | .015 | | 30762.80 | | 20.43 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 157 | 582 | | 21,539.99 | | 37.01 | .019 | | 137.20 | | .72 |
| MEDICAL | 40 | 51 | | 3,040.94 | | 59.63 | .002 | | 76.02 | | .10 |
| SURGERY | 15 | 22 | | 2,039.77 | | 92.72 | .001 | | 135.98 | | .07 |
| PATHOLOGY | 37 | 139 | | 1,784.67 | | 12.84 | .005 | | 48.23 | | .06 |
| RADIOLOGY | 43 | 92 | | 6,109.27 | | 66.41 | .003 | | 142.08 | | .20 |
| ROOM USE | 124 | 188 | | 7,230.98 | | 38.46 | .006 | | 58.31 | | .24 |
| CROSSOVERS/ALL OTH OUTPTNT | 48 | 90 | | 1,334.36 | | 14.83 | .003 | | 27.80 | | .04 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

PAGE 10,443
 01/17/03

| | 30,111 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2,887 | 10,368 | \$ | 1,702,872.79 | \$ 164.24 | .344 | \$ 589.84 | \$ 56.55 |
| COMM HOSP INPATIENT TOTAL | 286 | 1,076 | | 1,482,440.87 | 1377.73 | .036 | 5183.36 | 49.23 |
| HSC HOSPITALS | 46 | 335 | | 387,920.04 | 1157.97 | .011 | 8433.04 | 12.88 |
| NON-HSC HOSPITALS TOTAL | 240 | 730 | | 1,092,896.83 | 1497.12 | .024 | 4553.74 | 36.30 |
| ACCOMMODATIONS | 226 | 730 | | 390,988.63 | 535.60 | .024 | 1730.04 | 12.98 |
| ADMINISTRATIVE DAYS | 2 | 7 | | 1,619.10 | 231.30 | .000 | 809.55 | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 224 | 723 | | 389,369.53 | 538.55 | .024 | 1738.26 | 12.93 |
| ANCILLARIES | 239 | 0 | | 701,908.20 | .00 | .000 | 2936.85 | 23.31 |
| INPATIENT CROSSOVERS | 2 | 11 | | 1,624.00 | 147.64 | .000 | 812.00 | .05 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|-------|-------|----|------------|-----------|------|-------------|----------|
| COMM HOSP OUTPATIENT TOTAL | 2,709 | 9,292 | | 220,431.92 | 23.72 | .309 | 81.37 | 7.32 |
| MEDICAL | 326 | 388 | | 11,385.10 | 29.34 | .013 | 34.92 | .38 |
| SURGERY | 100 | 110 | | 6,104.56 | 55.50 | .004 | 61.05 | .20 |
| PATHOLOGY | 1,499 | 4,942 | | 59,735.54 | 12.09 | .164 | 39.85 | 1.98 |
| RADIOLOGY | 852 | 1,096 | | 57,954.77 | 52.88 | .036 | 68.02 | 1.92 |
| ROOM USE | 1,122 | 1,422 | | 62,841.18 | 44.19 | .047 | 56.01 | 2.09 |
| CROSSOVERS/ALL OTH OUTPTNT | 807 | 1,334 | | 22,410.77 | 16.80 | .044 | 27.77 | .74 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 4 | 115 | \$ | 75,868.95 | \$ 659.73 | .004 | \$ 18967.24 | \$ 2.52 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 4 | 115 | | 75,868.95 | 659.73 | .004 | 18967.24 | 2.52 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 17 | 281 | \$ | 25,188.19 | \$ 89.64 | .009 | \$ 1481.66 | \$.84 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 17 | 281 | | 25,188.19 | 89.64 | .009 | 1481.66 | .84 |
| @REHABILITATION FACILITY | 9 | 36 | \$ | 922.72 | \$ 25.63 | .001 | \$ 102.52 | \$.03 |
| HOSPITAL BASED | 9 | 36 | | 922.72 | 25.63 | .001 | 102.52 | .03 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 704 | 1,576 | \$ | 30,578.08 | \$ 19.40 | .052 | \$ 43.43 | \$ 1.02 |
| PATHOLOGY | 704 | 1,576 | | 30,578.08 | 19.40 | .052 | 43.43 | 1.02 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3,912 | 7,070 | \$ | 642,186.04 | \$ 90.83 | .235 | \$ 164.16 | \$ 21.33 |
| CLINIC | 131 | 504 | | 14,048.34 | 27.87 | .017 | 107.24 | .47 |
| SURGICENTER | 1 | 1 | | 90.00 | 90.00 | .000 | 90.00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 3,800 | 6,565 | | 628,047.70 | 95.67 | .218 | 165.28 | 20.86 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,444
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

| | 30,111 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 695 | 5,202 | \$ | 95,387.66 | \$ 18.34 | .173 | \$ 137.25 | \$ 3.17 |
| DURABLE MED. EQUIP. | 34 | 63 | | 30,383.09 | 482.27 | .002 | 893.62 | 1.01 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | 6 | | 295.39 | 49.23 | .000 | 147.70 | .01 |
| MEDICAL TRANSPORTATION | 89 | 1,547 | | 32,057.45 | 20.72 | .051 | 360.20 | 1.06 |
| AMBULANCES/AIR TRANS | 86 | 1,492 | | 19,418.07 | 13.01 | .050 | 225.79 | .64 |
| OTHER TRANS | 1 | 48 | | 39.38 | .82 | .002 | 39.38 | .00 |
| OTHER SERVICES | 7 | 7 | | 12,600.00 | 1800.00 | .000 | 1800.00 | .42 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 171 | 172 | | 13,393.00 | 77.87 | .006 | 78.32 | .44 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 237 | 543 | | 5,057.53 | 9.31 | .018 | 21.34 | .17 |
| PHYSICAL THERAPIST | 28 | 40 | | 3,011.76 | 75.29 | .001 | 107.56 | .10 |

| | | | | | | | |
|-------------------------------|-----|-------|---------------|-----------|------|------------|----------|
| PORTABLE X-RAY | 1 | 2 | 60.26 | 30.13 | .000 | 60.26 | .00 |
| PROSTHETIST/ORTHOTISTS | 16 | 32 | 2,287.28 | 71.48 | .001 | 142.96 | .08 |
| PROSTHETICS | 16 | 32 | 2,287.28 | 71.48 | .001 | 142.96 | .08 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 7 | 29 | 5,025.68 | 173.30 | .001 | 717.95 | .17 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 128 | 755 | 3,611.45 | 4.78 | .025 | 28.21 | .12 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 2,013 | 204.77 | .10 | .067 | 102.39 | .01 |
| @CALIF. CHILDREN SERVICES* | 93 | 1,041 | \$ 748,297.89 | \$ 718.83 | .035 | \$ 8046.21 | \$ 24.85 |
| @XOVER EXCLUDING STATE HOSP** | 31 | 518 | \$ 11,495.99 | \$ 22.19 | .017 | \$ 370.84 | \$.38 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,445 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC | |

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|--------|-------------------------------------|-----------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 32,636 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 14,476 | 83,082 | \$ 6,006,378.32 | \$ 72.29 | 2.546 | \$ 414.92 | \$ 184.04 | |
| @PHYSICIANS SERVICES | 4,888 | 13,349 | \$ 638,395.01 | \$ 47.82 | .409 | \$ 130.60 | \$ 19.56 | |
| OUTPATIENT VISITS | 3,197 | 4,444 | 197,931.87 | 44.54 | .136 | 61.91 | 6.06 | |
| OFFICE VISITS | 1,974 | 2,560 | 90,726.50 | 35.44 | .078 | 45.96 | 2.78 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 1,096 | 1,316 | 68,407.33 | 51.98 | .040 | 62.42 | 2.10 | |
| PREVENTIVE CARE | 4 | 4 | 196.79 | 49.20 | .000 | 49.20 | .01 | |
| OB VISITS/COMPRE PERI | 276 | 472 | 35,907.60 | 76.08 | .014 | 130.10 | 1.10 | |
| OTHER OUTPATIENT | 80 | 92 | 2,693.65 | 29.28 | .003 | 33.67 | .08 | |
| INPATIENT VISITS | 271 | 883 | 71,638.18 | 81.13 | .027 | 264.35 | 2.20 | |
| HOSPITAL VISITS | 245 | 558 | 26,548.09 | 47.58 | .017 | 108.36 | .81 | |
| CRITICAL CARE | 41 | 318 | 44,771.79 | 140.79 | .010 | 1091.99 | 1.37 | |
| SNF/ICF/TRANS IP CARE | 2 | 7 | 318.30 | 45.47 | .000 | 159.15 | .01 | |
| OPHTHALMOLOGICAL SERVICES | 30 | 44 | 1,918.08 | 43.59 | .001 | 63.94 | .06 | |
| EXAMINATIONS | 30 | 44 | 1,918.08 | 43.59 | .001 | 63.94 | .06 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 352 | 1,138 | 192,884.75 | 169.49 | .035 | 547.97 | 5.91 | |
| PRINCIPAL SURGEON | 237 | 264 | 160,326.10 | 607.30 | .008 | 676.48 | 4.91 | |
| ASSISTANT SURGEON | 55 | 55 | 8,994.19 | 163.53 | .002 | 163.53 | .28 | |
| ANESTHESIOLOGIST | 118 | 819 | 23,564.46 | 28.77 | .025 | 199.70 | .72 | |
| OUTPATIENT SURGERY | 347 | 745 | 58,751.80 | 78.86 | .023 | 169.31 | 1.80 | |
| PRINCIPAL SURGEON | 297 | 380 | 49,503.89 | 130.27 | .012 | 166.68 | 1.52 | |
| ASSISTANT SURGEON | 3 | 3 | 416.58 | 138.86 | .000 | 138.86 | .01 | |
| ANESTHESIOLOGIST | 89 | 362 | 8,831.33 | 24.40 | .011 | 99.23 | .27 | |
| DIALYSIS | 31 | 181 | 9,643.54 | 53.28 | .006 | 311.08 | .30 | |
| PATHOLOGY | 391 | 722 | 4,974.65 | 6.89 | .022 | 12.72 | .15 | |
| RADIOLOGY | 1,237 | 1,850 | 50,667.21 | 27.39 | .057 | 40.96 | 1.55 | |
| PSYCHIATRY | 1 | 1 | 43.42 | 43.42 | .000 | 43.42 | .00 | |
| IMMUNIZATION AND INJECTION | 86 | 225 | 2,268.45 | 10.08 | .007 | 26.38 | .07 | |
| OTHER SERVICES/ALL X-OVERS | 762 | 3,116 | 47,673.06 | 15.30 | .095 | 62.56 | 1.46 | |
| @PHARMACY | 8,111 | 27,268 | \$ 1,120,653.90 | \$ 41.10 | .836 | \$ 138.16 | \$ 34.34 | |
| PRESCRIPTION DRUGS | 8,034 | 22,831 | 1,088,075.99 | 47.66 | .700 | 135.43 | 33.34 | |

| | | | | | | | | |
|-------------------------|-------|--------|----|--------------|----------|------|-----------|---------|
| SNF/ICF | 42 | 266 | | 15,199.16 | 57.14 | .008 | 361.88 | .47 |
| OUTPATIENTS | 7,996 | 22,565 | | 1,072,876.83 | 47.55 | .691 | 134.18 | 32.87 |
| MEDICAL SUPPLIES | 474 | 4,437 | | 32,577.91 | 7.34 | .136 | 68.73 | 1.00 |
| @DENTIST | 1,405 | 6,721 | \$ | 264,546.17 | \$ 39.36 | .206 | \$ 188.29 | \$ 8.11 |
| VISITS - DIAGNOSTIC | 1,031 | 4,122 | | 68,238.67 | 16.55 | .126 | 66.19 | 2.09 |
| ORAL SURGERY | 177 | 382 | | 23,498.00 | 61.51 | .012 | 132.76 | .72 |
| DRUGS | 50 | 54 | | 1,251.00 | 23.17 | .002 | 25.02 | .04 |
| ANESTHESIA | 30 | 31 | | 2,800.00 | 90.32 | .001 | 93.33 | .09 |
| PERIODONTICS | 39 | 43 | | 5,773.00 | 134.26 | .001 | 148.03 | .18 |
| ENDODONTICS | 108 | 234 | | 33,719.00 | 144.10 | .007 | 312.21 | 1.03 |
| RESTORATIVE DENTISTRY | 523 | 1,689 | | 114,996.00 | 68.09 | .052 | 219.88 | 3.52 |
| PROSTHETICS | 4 | 5 | | 170.00 | 34.00 | .000 | 42.50 | .01 |
| DENTURES, STAYPLATES | 20 | 112 | | 10,842.00 | 96.80 | .003 | 542.10 | .33 |
| SPACE MAINTAINERS | 7 | 11 | | 1,480.00 | 134.55 | .000 | 211.43 | .05 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 22 | 30 | | 1,632.50 | 54.42 | .001 | 74.20 | .05 |
| ALL OTHER SERVICES | 9 | 8 | | 146.00 | 18.25 | .000 | 16.22 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,446
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|----|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 32,636 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 298 | 972 | \$ | 21,189.99 | \$ 21.80 | .030 | \$ 71.11 | \$.65 | |
| DIAGNOSTIC AND ANC. PROCED | 197 | 197 | | 9,288.04 | 47.15 | .006 | 47.15 | .28 | |
| EYE APPLIANCES | 271 | 774 | | 11,864.45 | 15.33 | .024 | 43.78 | .36 | |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | | 37.50 | 37.50 | .000 | 37.50 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 27 | 43 | \$ | 760.68 | \$ 17.69 | .001 | \$ 28.17 | \$.02 | |

| | | | | | | | | |
|------------------------------|-------|--------|----|--------------|-----------|-------|------------|----------|
| MEDICINE/INJECTIONS | 16 | 22 | | 523.44 | 23.79 | .001 | 32.72 | .02 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 1 | 1 | | 17.30 | 17.30 | .000 | 17.30 | .00 |
| OTHER | 11 | 20 | | 219.94 | 11.00 | .001 | 19.99 | .01 |
| @HOME HEALTH AGENCY | 55 | 195 | \$ | 13,409.54 | \$ 68.77 | .0006 | \$ 243.81 | \$.41 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 6 | 8 | \$ | 199.29 | \$ 24.91 | .000 | \$ 33.22 | \$.01 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 3,413 | 13,650 | \$ | 2,649,270.83 | \$ 194.09 | .418 | \$ 776.23 | \$ 81.18 |
| HOSP INPATIENT TOTAL | 352 | 1,776 | | 2,358,622.08 | 1328.05 | .054 | 6700.63 | 72.27 |
| HSC HOSPITALS | 79 | 882 | | 1,100,091.07 | 1247.27 | .027 | 13925.20 | 33.71 |
| NON-HSC HOSPITAL TOTAL | 253 | 792 | | 1,240,808.56 | 1566.68 | .024 | 4904.38 | 38.02 |
| ACCOMMODATIONS | 239 | 792 | | 459,345.10 | 579.98 | .024 | 1921.95 | 14.07 |
| ADMINISTRATIVE DAYS | 2 | 7 | | 1,588.32 | 226.90 | .000 | 794.16 | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 237 | 785 | | 457,756.78 | 583.13 | .024 | 1931.46 | 14.03 |
| ANCILLARIES | 252 | 0 | | 781,463.46 | .00 | .000 | 3101.05 | 23.94 |
| INPATIENT CROSSOVERS | 22 | 102 | | 17,722.45 | 173.75 | .003 | 805.57 | .54 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3,205 | 11,874 | | 290,648.75 | 24.48 | .364 | 90.69 | 8.91 |
| MEDICAL | 405 | 511 | | 16,717.89 | 32.72 | .016 | 41.28 | .51 |
| SURGERY | 133 | 156 | | 9,929.12 | 63.65 | .005 | 74.66 | .30 |
| PATHOLOGY | 1,651 | 5,762 | | 69,434.79 | 12.05 | .177 | 42.06 | 2.13 |
| RADIOLOGY | 953 | 1,303 | | 73,461.05 | 56.38 | .040 | 77.08 | 2.25 |
| ROOM USE | 1,312 | 1,743 | | 75,224.13 | 43.16 | .053 | 57.34 | 2.30 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,122 | 2,399 | | 45,881.77 | 19.13 | .074 | 40.89 | 1.41 |
| @COUNTY HOSPITAL TOTAL | 209 | 1,206 | \$ | 640,361.44 | \$ 530.98 | .037 | \$ 3063.93 | \$ 19.62 |
| CO HOSPITAL INPATIENT TOTAL | 21 | 464 | | 616,068.03 | 1327.73 | .014 | 29336.57 | 18.88 |
| HSC HOSPITALS | 20 | 458 | | 615,256.03 | 1343.35 | .014 | 30762.80 | 18.85 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 6 | | 812.00 | 135.33 | .000 | 812.00 | .02 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 195 | 742 | | 24,293.41 | 32.74 | .023 | 124.58 | .74 |
| MEDICAL | 46 | 60 | | 3,289.85 | 54.83 | .002 | 71.52 | .10 |
| SURGERY | 19 | 26 | | 2,313.58 | 88.98 | .001 | 121.77 | .07 |
| PATHOLOGY | 43 | 171 | | 1,995.45 | 11.67 | .005 | 46.41 | .06 |
| RADIOLOGY | 47 | 98 | | 6,558.43 | 66.92 | .003 | 139.54 | .20 |
| ROOM USE | 142 | 213 | | 7,981.63 | 37.47 | .007 | 56.21 | .24 |
| CROSSOVERS/ALL OTH OUTPTNT | 71 | 174 | | 2,154.47 | 12.38 | .005 | 30.34 | .07 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,447
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|-----------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 32,636 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 3,253 | 12,444 | \$ 2,008,909.39 | \$ 161.44 | .381 | \$ 617.56 | \$ 61.56 | |
| COMM HOSP INPATIENT TOTAL | 331 | 1,312 | 1,742,554.05 | 1328.17 | .040 | 5264.51 | 53.39 | |
| HSC HOSPITALS | 59 | 424 | 484,835.04 | 1143.48 | .013 | 8217.54 | 14.86 | |
| NON-HSC HOSPITALS TOTAL | 253 | 792 | 1,240,808.56 | 1566.68 | .024 | 4904.38 | 38.02 | |
| ACCOMMODATIONS | 239 | 792 | 459,345.10 | 579.98 | .024 | 1921.95 | 14.07 | |

| | | | | | | | | |
|------------------------------|---|--------|----|------------|-----------|------|------------|-------------|
| ADMINISTRATIVE DAYS | 2 | 7 | | 1,588.32 | 226.90 | .000 | 794.16 | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 237 | 785 | | 457,756.78 | 583.13 | .024 | 1931.46 | 14.03 |
| ANCILLARIES | 252 | 0 | | 781,463.46 | .00 | .000 | 3101.05 | 23.94 |
| INPATIENT CROSSOVERS | 21 | 96 | | 16,910.45 | 176.15 | .003 | 805.26 | .52 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3,054 | 11,132 | | 266,355.34 | 23.93 | .341 | 87.22 | 8.16 |
| MEDICAL | 360 | 451 | | 13,428.04 | 29.77 | .014 | 37.30 | .41 |
| SURGERY | 116 | 130 | | 7,615.54 | 58.58 | .004 | 65.65 | .23 |
| PATHOLOGY | 1,615 | 5,591 | | 67,439.34 | 12.06 | .171 | 41.76 | 2.07 |
| RADIOLOGY | 909 | 1,205 | | 66,902.62 | 55.52 | .037 | 73.60 | 2.05 |
| ROOM USE | 1,186 | 1,530 | | 67,242.50 | 43.95 | .047 | 56.70 | 2.06 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,059 | 2,225 | | 43,727.30 | 19.65 | .068 | 41.29 | 1.34 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 49 | 1,331 | \$ | 313,590.17 | \$ 235.60 | .041 | \$ 6399.80 | \$ 9.61 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 7 | 190 | | 105,687.50 | 556.25 | .006 | 15098.21 | 3.24 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 44 | 1,141 | | 207,902.67 | 182.21 | .035 | 4725.06 | 6.37 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 102 | 3,423 | \$ | 150,964.01 | \$ 44.10 | .105 | \$ 1480.04 | \$ 4.63 |
| HOSPITAL BASED | 2 | 42 | | 5,882.06 | 140.05 | .001 | 2941.03 | .18 |
| HEMODIALYSIS CENTER | 100 | 3,381 | | 145,081.95 | 42.91 | .104 | 1450.82 | 4.45 |
| @REHABILITATION FACILITY | 15 | 67 | \$ | 1,645.62 | \$ 24.56 | .002 | \$ 109.71 | \$.05 |
| HOSPITAL BASED | 15 | 67 | | 1,645.62 | 24.56 | .002 | 109.71 | .05 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 747 | 1,858 | \$ | 33,772.73 | \$ 18.18 | .057 | \$ 45.21 | \$ 1.03 |
| PATHOLOGY | 746 | 1,856 | | 33,745.13 | 18.18 | .057 | 45.23 | 1.03 |
| XO AND OTHERS | 1 | 2 | | 27.60 | 13.80 | .000 | 27.60 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 4,153 | 7,464 | \$ | 667,490.85 | \$ 89.43 | .229 | \$ 160.72 | \$ 20.45 |
| CLINIC | 131 | 504 | | 14,048.34 | 27.87 | .015 | 107.24 | .43 |
| SURGICENTER | 1 | 1 | | 90.00 | 90.00 | .000 | 90.00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 4,041 | 6,959 | | 653,352.51 | 93.89 | .213 | 161.68 | 20.02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,448 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC | | | | | | | |

| | | | | ----- MONTHLY AVERAGE ----- | | | |
|------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| 32,636 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 896 | 6,733 | \$ 130,489.53 | \$ 19.38 | .206 | \$ 145.64 | \$ 4.00 |
| DURABLE MED. EQUIP. | 42 | 124 | 40,567.37 | 327.16 | .004 | 965.89 | 1.24 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 6 | 18 | 1,486.32 | 82.57 | .001 | 247.72 | .05 |
| MEDICAL TRANSPORTATION | 124 | 2,135 | 38,625.84 | 18.09 | .065 | 311.50 | 1.18 |
| AMBULANCES/AIR TRANS | 101 | 1,850 | 24,417.67 | 13.20 | .057 | 241.76 | .75 |
| OTHER TRANS | 2 | 51 | 58.20 | 1.14 | .002 | 29.10 | .00 |
| OTHER SERVICES | 26 | 234 | 14,149.97 | 60.47 | .007 | 544.23 | .43 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-------|---------------|-----------|------|------------|----------|
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 171 | 172 | 13,393.00 | 77.87 | .005 | 78.32 | .41 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 295 | 668 | 6,619.67 | 9.91 | .020 | 22.44 | .20 |
| PHYSICAL THERAPIST | 29 | 41 | 3,013.15 | 73.49 | .001 | 103.90 | .09 |
| PORTABLE X-RAY | 1 | 2 | 60.26 | 30.13 | .000 | 60.26 | .00 |
| PROSTHETIST/ORTHOTISTS | 21 | 92 | 8,959.17 | 97.38 | .003 | 426.63 | .27 |
| PROSTHETICS | 21 | 92 | 8,959.17 | 97.38 | .003 | 426.63 | .27 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 14 | 45 | 7,105.53 | 157.90 | .001 | 507.54 | .22 |
| HOSPICE SERVICES | 1 | 30 | 3,241.20 | 108.04 | .001 | 3241.20 | .10 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 129 | 811 | 4,003.89 | 4.94 | .025 | 31.04 | .12 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 95 | 2,595 | 3,414.13 | 1.32 | .080 | 35.94 | .10 |
| @CALIF. CHILDREN SERVICES* | 108 | 1,413 | \$ 806,330.44 | \$ 570.65 | .043 | \$ 7466.02 | \$ 24.71 |
| @XOVER EXCLUDING STATE HOSP** | 589 | 5,842 | \$ 118,703.67 | \$ 20.32 | .179 | \$ 201.53 | \$ 3.64 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,449
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

| 97 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|
| @TOTAL, ALL PROVIDERS | 106 | 1,433 | \$ 164,573.37 | \$ 114.85 | 14.773 \$ 1552.58 \$ 1696.63 |
| @PHYSICIANS SERVICES | 15 | 22 | \$ 245.89 | \$ 11.18 | .227 \$ 16.39 \$ 2.53 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | |
|----------------------------|---|-----|--------------|----------|----------|-----------|-------------|
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 15 | 22 | 245.89 | 11.18 | .227 | 16.39 | 2.53 |
| @PHARMACY | 73 | 410 | \$ 26,191.39 | \$ 63.88 | 4.227 | \$ 358.79 | \$ 270.01 |
| PRESCRIPTION DRUGS | 71 | 379 | 25,455.78 | 67.17 | 3.907 | 358.53 | 262.43 |
| SNF/ICF | 17 | 190 | 10,631.00 | 55.95 | 1.959 | 625.35 | 109.60 |
| OUTPATIENTS | 55 | 189 | 14,824.78 | 78.44 | 1.948 | 269.54 | 152.83 |
| MEDICAL SUPPLIES | 16 | 31 | 735.61 | 23.73 | .320 | 45.98 | 7.58 |
| @DENTIST | 6 | 21 | \$ 1,387.00 | \$ 66.05 | .216 | \$ 231.17 | \$ 14.30 |
| VISITS - DIAGNOSTIC | 5 | 14 | 284.00 | 20.29 | .144 | 56.80 | 2.93 |
| ORAL SURGERY | 2 | 4 | 138.00 | 34.50 | .041 | 69.00 | 1.42 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 2 | 3 | 965.00 | 321.67 | .031 | 482.50 | 9.95 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,450 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 29 MN - SOC - AGED | | | | | | |
| | | | | | AID CODE | | |

| 97 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 3 | 5 | \$ 148.00 | \$ 29.60 | .052 | \$ 49.33 | \$ 1.53 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 94.90 | 47.45 | .021 | 47.45 | .98 |
| EYE APPLIANCES | 2 | 3 | 53.10 | 17.70 | .031 | 26.55 | .55 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 10 | 89 | \$ 8,059.34 | \$ 90.55 | .918 | \$ 805.93 | \$ 83.09 |
| HOSP INPATIENT TOTAL | 3 | 22 | 6,839.00 | 310.86 | .227 | 2279.67 | 70.51 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 97 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST UNITS/DAYS | COST PER | COST PER |
|--------------|-------|------------------|--------------|-------------------------|----------|----------|
|--------------|-------|------------------|--------------|-------------------------|----------|----------|

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|----|-----------------|----|------------|--------------|----------|------------|------------|
| @COMMUNITY HOSPITAL TOTAL | 10 | 89 | \$ | 8,038.11 | \$ 90.32 | .918 | \$ 803.81 | \$ 82.87 |
| COMM HOSP INPATIENT TOTAL | 3 | 22 | | 6,839.00 | 310.86 | .227 | 2279.67 | 70.51 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 3 | 22 | | 6,839.00 | 310.86 | .227 | 2279.67 | 70.51 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 7 | 67 | | 1,199.11 | 17.90 | .691 | 171.30 | 12.36 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 7 | 67 | | 1,199.11 | 17.90 | .691 | 171.30 | 12.36 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 20 | 829 | \$ | 125,702.27 | \$ 151.63 | 8.546 | \$ 6285.11 | \$ 1295.90 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 20 | 829 | | 125,702.27 | 151.63 | 8.546 | 6285.11 | 1295.90 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 2 | 1 | \$ | 2,053.19 | \$ 2053.19 | .010 | \$ 1026.60 | \$ 21.17 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 2 | 1 | | 2,053.19 | 2053.19 | .010 | 1026.60 | 21.17 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 4 | 8 | \$ | 196.85 | \$ 24.61 | .082 | \$ 49.21 | \$ 2.03 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 4 | 8 | | 196.85 | 24.61 | .082 | 49.21 | 2.03 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

----- MONTHLY AVERAGE -----

| 97 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 12 | 48 | \$ 589.44 | \$ 12.28 | .495 | \$ 49.12 | \$ 6.08 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|-----|--------------|----------|-------|-----------|-----------|
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | 26.08 | 13.04 | .021 | 26.08 | .27 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 11 | 46 | 563.36 | 12.25 | .474 | 51.21 | 5.81 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 34 | 148 | \$ 10,992.94 | \$ 74.28 | 1.526 | \$ 323.32 | \$ 113.33 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,453 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODE | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,454
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,455
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|---|----|-----|-----|------|------|-----|
| CROSSTOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,456
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 10,457
01/17/03

| 77 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 117 | 4,756 | \$ 180,354.07 | \$ 37.92 | 61.766 | \$ 1541.49 | \$ 2342.26 |
| @PHYSICIANS SERVICES | 36 | 175 | \$ 5,434.90 | \$ 31.06 | 2.273 | \$ 150.97 | \$ 70.58 |
| OUTPATIENT VISITS | 10 | 14 | 906.47 | 64.75 | .182 | 90.65 | 11.77 |
| OFFICE VISITS | 3 | 5 | 210.60 | 42.12 | .065 | 70.20 | 2.74 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 8 | 8 | 676.67 | 84.58 | .104 | 84.58 | 8.79 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 1 | 1 | 19.20 | 19.20 | .013 | 19.20 | .25 |
| INPATIENT VISITS | 7 | 39 | 1,944.13 | 49.85 | .506 | 277.73 | 25.25 |
| HOSPITAL VISITS | 6 | 33 | 1,604.25 | 48.61 | .429 | 267.38 | 20.83 |
| CRITICAL CARE | 1 | 3 | 239.40 | 79.80 | .039 | 239.40 | 3.11 |
| SNF/ICF/TRANS IP CARE | 2 | 3 | 100.48 | 33.49 | .039 | 50.24 | 1.30 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|-------|----|-----------|----------|--------|-----------|-------------|
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 1 | | 330.23 | 330.23 | .013 | 330.23 | 4.29 |
| PRINCIPAL SURGEON | 1 | 1 | | 330.23 | 330.23 | .013 | 330.23 | 4.29 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 2 | 9 | | 597.23 | 66.36 | .117 | 298.62 | 7.76 |
| PRINCIPAL SURGEON | 1 | 1 | | 421.82 | 421.82 | .013 | 421.82 | 5.48 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 8 | | 175.41 | 21.93 | .104 | 175.41 | 2.28 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 9 | 20 | | 915.46 | 45.77 | .260 | 101.72 | 11.89 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 21 | 92 | | 741.38 | 8.06 | 1.195 | 35.30 | 9.63 |
| @PHARMACY | 73 | 2,540 | \$ | 63,689.41 | \$ 25.07 | 32.987 | \$ 872.46 | \$ 827.14 |
| PRESCRIPTION DRUGS | 71 | 394 | | 61,105.17 | 155.09 | 5.117 | 860.64 | 793.57 |
| SNF/ICF | 2 | 20 | | 1,335.89 | 66.79 | .260 | 667.95 | 17.35 |
| OUTPATIENTS | 69 | 374 | | 59,769.28 | 159.81 | 4.857 | 866.22 | 776.22 |
| MEDICAL SUPPLIES | 16 | 2,146 | | 2,584.24 | 1.20 | 27.870 | 161.52 | 33.56 |
| @DENTIST | 10 | 29 | \$ | 1,775.00 | \$ 61.21 | .377 | \$ 177.50 | \$ 23.05 |
| VISITS - DIAGNOSTIC | 5 | 22 | | 327.00 | 14.86 | .286 | 65.40 | 4.25 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 4 | 5 | | 548.00 | 109.60 | .065 | 137.00 | 7.12 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 1 | 2 | | 900.00 | 450.00 | .026 | 900.00 | 11.69 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,458 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W | | | | | | | |

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 77 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 3 | 10 | \$ 186.26 | \$ 18.63 | .130 | \$ 62.09 | \$ 2.42 | |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .013 | 47.45 | .62 | |
| EYE APPLIANCES | 3 | 9 | 138.81 | 15.42 | .117 | 46.27 | 1.80 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 2 | 14 | \$ 992.81 | \$ 70.92 | .182 | \$ 496.41 | \$ 12.89 | |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | | | | |
|------------------------------|---|-----|----|-----------|----|---------|-------|----|----------|----|-------------|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 35 | 225 | \$ | 90,327.59 | \$ | 401.46 | 2.922 | \$ | 2580.79 | \$ | 1173.09 |
| HOSP INPATIENT TOTAL | 9 | 70 | | 84,523.37 | | 1207.48 | .909 | | 9391.49 | | 1097.71 |
| HSC HOSPITALS | 1 | 24 | | 35,880.00 | | 1495.00 | .312 | | 35880.00 | | 465.97 |
| NON-HSC HOSPITAL TOTAL | 4 | 24 | | 45,994.76 | | 1916.45 | .312 | | 11498.69 | | 597.33 |
| ACCOMMODATIONS | 4 | 24 | | 15,131.70 | | 630.49 | .312 | | 3782.93 | | 196.52 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 4 | 24 | | 15,131.70 | | 630.49 | .312 | | 3782.93 | | 196.52 |
| ANCILLARIES | 4 | 0 | | 30,863.06 | | .00 | .000 | | 7715.77 | | 400.82 |
| INPATIENT CROSSOVERS | 4 | 22 | | 2,648.61 | | 120.39 | .286 | | 662.15 | | 34.40 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 31 | 155 | | 5,804.22 | | 37.45 | 2.013 | | 187.23 | | 75.38 |
| MEDICAL | 4 | 5 | | 167.99 | | 33.60 | .065 | | 42.00 | | 2.18 |
| SURGERY | 0 | 0 | | 49.58 | | .00 | .000 | | .00 | | .64 |
| PATHOLOGY | 20 | 88 | | 1,149.54 | | 13.06 | 1.143 | | 57.48 | | 14.93 |
| RADIOLOGY | 8 | 15 | | 2,801.19 | | 186.75 | .195 | | 350.15 | | 36.38 |
| ROOM USE | 7 | 7 | | 231.99 | | 33.14 | .091 | | 33.14 | | 3.01 |
| CROSSOVERS/ALL OTH OUTPTNT | 17 | 40 | | 1,403.93 | | 35.10 | .519 | | 82.58 | | 18.23 |
| @COUNTY HOSPITAL TOTAL | 2 | 15 | \$ | 1,019.57 | \$ | 67.97 | .195 | \$ | 509.79 | \$ | 13.24 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 14 | | 812.00 | | 58.00 | .182 | | 812.00 | | 10.55 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 14 | | 812.00 | | 58.00 | .182 | | 812.00 | | 10.55 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | | 207.57 | | 207.57 | .013 | | 207.57 | | 2.70 |
| MEDICAL | 0 | 0 | | 26.45 | | .00 | .000 | | .00 | | .34 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | 7.97 | | .00 | .000 | | .00 | | .10 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | | 173.15 | | 173.15 | .013 | | 173.15 | | 2.25 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | PAGE 10,459 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W | | | | | | | | | | |

| 77 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 33 | 210 | \$ 89,308.02 | \$ 425.28 | 2.727 | \$ 2706.30 | \$ 1159.84 |
| COMM HOSP INPATIENT TOTAL | 8 | 56 | 83,711.37 | 1494.85 | .727 | 10463.92 | 1087.16 |
| HSC HOSPITALS | 1 | 24 | 35,880.00 | 1495.00 | .312 | 35880.00 | 465.97 |
| NON-HSC HOSPITALS TOTAL | 4 | 24 | 45,994.76 | 1916.45 | .312 | 11498.69 | 597.33 |
| ACCOMMODATIONS | 4 | 24 | 15,131.70 | 630.49 | .312 | 3782.93 | 196.52 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 4 | 24 | 15,131.70 | 630.49 | .312 | 3782.93 | 196.52 |
| ANCILLARIES | 4 | 0 | 30,863.06 | .00 | .000 | 7715.77 | 400.82 |
| INPATIENT CROSSOVERS | 3 | 8 | 1,836.61 | 229.58 | .104 | 612.20 | 23.85 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|----|-----|----|----------|-----------|-------|------------|----------|
| COMM HOSP OUTPATIENT TOTAL | 30 | 154 | | 5,596.65 | 36.34 | 2.000 | 186.56 | 72.68 |
| MEDICAL | 4 | 5 | | 141.54 | 28.31 | .065 | 35.39 | 1.84 |
| SURGERY | 0 | 0 | | 49.58 | .00 | .000 | .00 | .64 |
| PATHOLOGY | 20 | 88 | | 1,149.54 | 13.06 | 1.143 | 57.48 | 14.93 |
| RADIOLOGY | 8 | 15 | | 2,801.19 | 186.75 | .195 | 350.15 | 36.38 |
| ROOM USE | 7 | 7 | | 224.02 | 32.00 | .091 | 32.00 | 2.91 |
| CROSSEOVERS/ALL OTH OUTPTNT | 16 | 39 | | 1,230.78 | 31.56 | .506 | 76.92 | 15.98 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 2 | 26 | \$ | 4,646.50 | \$ 178.71 | .338 | \$ 2323.25 | \$ 60.34 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 2 | 26 | | 4,646.50 | 178.71 | .338 | 2323.25 | 60.34 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 3 | 6 | \$ | 1,591.21 | \$ 265.20 | .078 | \$ 530.40 | \$ 20.67 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 3 | 6 | | 1,591.21 | 265.20 | .078 | 530.40 | 20.67 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3 | 11 | \$ | 229.53 | \$ 20.87 | .143 | \$ 76.51 | \$ 2.98 |
| PATHOLOGY | 3 | 11 | | 229.53 | 20.87 | .143 | 76.51 | 2.98 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 10 | 15 | \$ | 1,041.53 | \$ 69.44 | .195 | \$ 104.15 | \$ 13.53 |
| CLINIC | 1 | 4 | | 165.00 | 41.25 | .052 | 165.00 | 2.14 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 9 | 11 | | 876.53 | 79.68 | .143 | 97.39 | 11.38 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,460
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 77 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 26 | 1,705 | \$ 10,439.33 | \$ 6.12 | 22.143 | \$ 401.51 | \$ 135.58 | |
| DURABLE MED. EQUIP. | 6 | 32 | 1,306.23 | 40.82 | .416 | 217.71 | 16.96 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 2 | 19 | 334.45 | 17.60 | .247 | 167.23 | 4.34 | |
| AMBULANCES/AIR TRANS | 2 | 19 | 334.45 | 17.60 | .247 | 167.23 | 4.34 | |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 3 | 6 | 65.16 | 10.86 | .078 | 21.72 | .85 | |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-------------------------------|----|-------|--------------|-----------|--------|------------|-----------|
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 15 | 1,648 | 8,733.49 | 5.30 | 21.403 | 582.23 | 113.42 |
| @CALIF. CHILDREN SERVICES* | 10 | 113 | \$ 44,261.95 | \$ 391.70 | 1.468 | \$ 4426.20 | \$ 574.83 |
| @XOVER EXCLUDING STATE HOSP** | 35 | 1,829 | \$ 6,402.20 | \$ 3.50 | 23.753 | \$ 182.92 | \$ 83.15 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,461 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37 | |

| 78 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 135 | 884 | \$ 134,295.46 | \$ 151.92 | 11.333 | \$ 994.78 | \$ 1721.74 |
| @PHYSICIANS SERVICES | 53 | 267 | \$ 17,193.46 | \$ 64.39 | 3.423 | \$ 324.40 | \$ 220.43 |
| OUTPATIENT VISITS | 24 | 31 | 1,909.81 | 61.61 | .397 | 79.58 | 24.48 |
| OFFICE VISITS | 7 | 11 | 396.21 | 36.02 | .141 | 56.60 | 5.08 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 15 | 16 | 1,303.13 | 81.45 | .205 | 86.88 | 16.71 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 1 | 1 | 126.31 | 126.31 | .013 | 126.31 | 1.62 |

| | | | | | | | | |
|----------------------------|---|----|----|----------|----------|-------|-----------|-------------|
| OTHER OUTPATIENT | 2 | 3 | | 84.16 | 28.05 | .038 | 42.08 | 1.08 |
| INPATIENT VISITS | 8 | 16 | | 993.74 | 62.11 | .205 | 124.22 | 12.74 |
| HOSPITAL VISITS | 7 | 12 | | 570.04 | 47.50 | .154 | 81.43 | 7.31 |
| CRITICAL CARE | 1 | 4 | | 423.70 | 105.93 | .051 | 423.70 | 5.43 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 11 | 79 | | 7,296.72 | 92.36 | 1.013 | 663.34 | 93.55 |
| PRINCIPAL SURGEON | 8 | 11 | | 5,938.71 | 539.88 | .141 | 742.34 | 76.14 |
| ASSISTANT SURGEON | 1 | 1 | | 186.50 | 186.50 | .013 | 186.50 | 2.39 |
| ANESTHESIOLOGIST | 5 | 67 | | 1,171.51 | 17.49 | .859 | 234.30 | 15.02 |
| OUTPATIENT SURGERY | 12 | 40 | | 2,947.98 | 73.70 | .513 | 245.67 | 37.79 |
| PRINCIPAL SURGEON | 9 | 14 | | 2,251.01 | 160.79 | .179 | 250.11 | 28.86 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 26 | | 696.97 | 26.81 | .333 | 139.39 | 8.94 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 6 | 24 | | 1,010.03 | 42.08 | .308 | 168.34 | 12.95 |
| RADIOLOGY | 23 | 56 | | 1,967.70 | 35.14 | .718 | 85.55 | 25.23 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 4 | | 24.10 | 6.03 | .051 | 12.05 | .31 |
| OTHER SERVICES/ALL X-OVERS | 7 | 17 | | 1,043.38 | 61.38 | .218 | 149.05 | 13.38 |
| @PHARMACY | 30 | 93 | \$ | 6,972.82 | \$ 74.98 | 1.192 | \$ 232.43 | \$ 89.40 |
| PRESCRIPTION DRUGS | 28 | 91 | | 6,849.83 | 75.27 | 1.167 | 244.64 | 87.82 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 28 | 91 | | 6,849.83 | 75.27 | 1.167 | 244.64 | 87.82 |
| MEDICAL SUPPLIES | 2 | 2 | | 122.99 | 61.50 | .026 | 61.50 | 1.58 |
| @DENTIST | 12 | 36 | \$ | 1,177.00 | \$ 32.69 | .462 | \$ 98.08 | \$ 15.09 |
| VISITS - DIAGNOSTIC | 5 | 11 | | 117.00 | 10.64 | .141 | 23.40 | 1.50 |
| ORAL SURGERY | 2 | 8 | | 860.00 | 107.50 | .103 | 430.00 | 11.03 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | | 200.00 | 100.00 | .026 | 100.00 | 2.56 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 7 | 15 | | .00 | .00 | .192 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,462 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37 | | | | | | | |

| | 78 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 2 | 3 | \$ | 53.11 | \$ 17.70 | .038 | \$ 26.56 | \$.68 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 2 | 3 | | 53.11 | 17.70 | .038 | 26.56 | .68 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | |
|------------------------------|----|-----|----|-----------|-----------|-------|------------|------------|
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 1 | 2 | \$ | 104.99 | \$ 52.50 | .026 | \$ 104.99 | \$ 1.35 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 61 | 310 | \$ | 99,729.18 | \$ 321.71 | 3.974 | \$ 1634.90 | \$ 1278.58 |
| HOSP INPATIENT TOTAL | 14 | 53 | | 90,239.07 | 1702.62 | .679 | 6445.65 | 1156.91 |
| HSC HOSPITALS | 5 | 26 | | 36,601.50 | 1407.75 | .333 | 7320.30 | 469.25 |
| NON-HSC HOSPITAL TOTAL | 9 | 27 | | 53,637.57 | 1986.58 | .346 | 5959.73 | 687.66 |
| ACCOMMODATIONS | 9 | 27 | | 23,602.20 | 874.16 | .346 | 2622.47 | 302.59 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 27 | | 23,602.20 | 874.16 | .346 | 2622.47 | 302.59 |
| ANCILLARIES | 9 | 0 | | 30,035.37 | .00 | .000 | 3337.26 | 385.07 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 51 | 257 | | 9,490.11 | 36.93 | 3.295 | 186.08 | 121.67 |
| MEDICAL | 6 | 9 | | 190.85 | 21.21 | .115 | 31.81 | 2.45 |
| SURGERY | 7 | 8 | | 290.86 | 36.36 | .103 | 41.55 | 3.73 |
| PATHOLOGY | 32 | 124 | | 1,457.20 | 11.75 | 1.590 | 45.54 | 18.68 |
| RADIOLOGY | 24 | 47 | | 5,790.04 | 123.19 | .603 | 241.25 | 74.23 |
| ROOM USE | 21 | 28 | | 1,348.88 | 48.17 | .359 | 64.23 | 17.29 |
| CROSSOVERS/ALL OTH OUTPTNT | 21 | 41 | | 412.28 | 10.06 | .526 | 19.63 | 5.29 |
| @COUNTY HOSPITAL TOTAL | 4 | 17 | \$ | 15,709.08 | \$ 924.06 | .218 | \$ 3927.27 | \$ 201.40 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 11 | | 14,872.00 | 1352.00 | .141 | 14872.00 | 190.67 |
| HSC HOSPITALS | 1 | 11 | | 14,872.00 | 1352.00 | .141 | 14872.00 | 190.67 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 3 | 6 | | 837.08 | 139.51 | .077 | 279.03 | 10.73 |
| MEDICAL | 1 | 1 | | 26.92 | 26.92 | .013 | 26.92 | .35 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | | 19.76 | 19.76 | .013 | 19.76 | .25 |
| RADIOLOGY | 1 | 1 | | 714.67 | 714.67 | .013 | 714.67 | 9.16 |
| ROOM USE | 2 | 2 | | 67.18 | 33.59 | .026 | 33.59 | .86 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | | 8.55 | 8.55 | .013 | 8.55 | .11 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,463
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

| | 78 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 57 | | 293 | \$ 84,020.10 | \$ 286.76 | 3.756 | \$ 1474.04 | \$ 1077.18 |
| COMM HOSP INPATIENT TOTAL | 13 | | 42 | 75,367.07 | 1794.45 | .538 | 5797.47 | 966.24 |
| HSC HOSPITALS | 4 | | 15 | 21,729.50 | 1448.63 | .192 | 5432.38 | 278.58 |
| NON-HSC HOSPITALS TOTAL | 9 | | 27 | 53,637.57 | 1986.58 | .346 | 5959.73 | 687.66 |
| ACCOMMODATIONS | 9 | | 27 | 23,602.20 | 874.16 | .346 | 2622.47 | 302.59 |

| | | | | | | | |
|------------------------------|----|-----|-------------|----------|-------|-----------|----------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 27 | 23,602.20 | 874.16 | .346 | 2622.47 | 302.59 |
| ANCILLARIES | 9 | 0 | 30,035.37 | .00 | .000 | 3337.26 | 385.07 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 48 | 251 | 8,653.03 | 34.47 | 3.218 | 180.27 | 110.94 |
| MEDICAL | 5 | 8 | 163.93 | 20.49 | .103 | 32.79 | 2.10 |
| SURGERY | 7 | 8 | 290.86 | 36.36 | .103 | 41.55 | 3.73 |
| PATHOLOGY | 31 | 123 | 1,437.44 | 11.69 | 1.577 | 46.37 | 18.43 |
| RADIOLOGY | 23 | 46 | 5,075.37 | 110.33 | .590 | 220.67 | 65.07 |
| ROOM USE | 19 | 26 | 1,281.70 | 49.30 | .333 | 67.46 | 16.43 |
| CROSSOVERS/ALL OTH OUTPTNT | 20 | 40 | 403.73 | 10.09 | .513 | 20.19 | 5.18 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 7 | 22 | \$ 701.57 | \$ 31.89 | .282 | \$ 100.22 | \$ 8.99 |
| PATHOLOGY | 7 | 22 | 701.57 | 31.89 | .282 | 100.22 | 8.99 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 27 | 44 | \$ 3,005.00 | \$ 68.30 | .564 | \$ 111.30 | \$ 38.53 |
| CLINIC | 1 | 13 | 522.21 | 40.17 | .167 | 522.21 | 6.70 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 26 | 31 | 2,482.79 | 80.09 | .397 | 95.49 | 31.83 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 10,464
 01/17/03

| 78 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 6 | 107 | \$ 5,358.33 | \$ 50.08 | 1.372 | \$ 893.06 | \$ 68.70 |
| DURABLE MED. EQUIP. | 1 | 3 | 64.74 | 21.58 | .038 | 64.74 | .83 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 4 | 103 | 5,292.03 | 51.38 | 1.321 | 1323.01 | 67.85 |
| AMBULANCES/AIR TRANS | 4 | 101 | 1,692.03 | 16.75 | 1.295 | 423.01 | 21.69 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 2 | 2 | 3,600.00 | 1800.00 | .026 | 1800.00 | 46.15 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|--------------------------------|---|----|-------------|-----------|------|------------|----------|
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 1 | 1.56 | 1.56 | .013 | 1.56 | .02 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 3 | 29 | \$ 4,817.60 | \$ 166.12 | .372 | \$ 1605.87 | \$ 61.76 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,465
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

| 252 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 358 | 7,073 | \$ 479,222.90 | \$ 67.75 | 28.067 | \$ 1338.61 | \$ 1901.68 |
| @PHYSICIANS SERVICES | 104 | 464 | \$ 22,874.25 | \$ 49.30 | 1.841 | \$ 219.94 | \$ 90.77 |
| OUTPATIENT VISITS | 34 | 45 | 2,816.28 | 62.58 | .179 | 82.83 | 11.18 |
| OFFICE VISITS | 10 | 16 | 606.81 | 37.93 | .063 | 60.68 | 2.41 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 23 | 24 | 1,979.80 | 82.49 | .095 | 86.08 | 7.86 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 1 | 1 | 126.31 | 126.31 | .004 | 126.31 | .50 |
| OTHER OUTPATIENT | 3 | 4 | 103.36 | 25.84 | .016 | 34.45 | .41 |
| INPATIENT VISITS | 15 | 55 | 2,937.87 | 53.42 | .218 | 195.86 | 11.66 |
| HOSPITAL VISITS | 13 | 45 | 2,174.29 | 48.32 | .179 | 167.25 | 8.63 |
| CRITICAL CARE | 2 | 7 | 663.10 | 94.73 | .028 | 331.55 | 2.63 |
| SNF/ICF/TRANS IP CARE | 2 | 3 | 100.48 | 33.49 | .012 | 50.24 | .40 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 12 | 80 | 7,626.95 | 95.34 | .317 | 635.58 | 30.27 |
| PRINCIPAL SURGEON | 9 | 12 | 6,268.94 | 522.41 | .048 | 696.55 | 24.88 |
| ASSISTANT SURGEON | 1 | 1 | 186.50 | 186.50 | .004 | 186.50 | .74 |
| ANESTHESIOLOGIST | 5 | 67 | 1,171.51 | 17.49 | .266 | 234.30 | 4.65 |
| OUTPATIENT SURGERY | 14 | 49 | 3,545.21 | 72.35 | .194 | 253.23 | 14.07 |
| PRINCIPAL SURGEON | 10 | 15 | 2,672.83 | 178.19 | .060 | 267.28 | 10.61 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 6 | 34 | 872.38 | 25.66 | .135 | 145.40 | 3.46 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 6 | 24 | 1,010.03 | 42.08 | .095 | 168.34 | 4.01 |

| | | | | | | | | | |
|----------------------------|---|-------|----|-----------|----------|--------|-----------|-----------|-------------|
| RADIOLOGY | 32 | 76 | | 2,883.16 | 37.94 | .302 | 90.10 | 11.44 | |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 2 | 4 | | 24.10 | 6.03 | .016 | 12.05 | .10 | |
| OTHER SERVICES/ALL X-OVERS | 43 | 131 | | 2,030.65 | 15.50 | .520 | 47.22 | 8.06 | |
| @PHARMACY | 176 | 3,043 | \$ | 96,853.62 | \$ 31.83 | 12.075 | \$ 550.30 | \$ 384.34 | |
| PRESCRIPTION DRUGS | 170 | 864 | | 93,410.78 | 108.11 | 3.429 | 549.48 | 370.68 | |
| SNF/ICF | 19 | 210 | | 11,966.89 | 56.99 | .833 | 629.84 | 47.49 | |
| OUTPATIENTS | 152 | 654 | | 81,443.89 | 124.53 | 2.595 | 535.82 | 323.19 | |
| MEDICAL SUPPLIES | 34 | 2,179 | | 3,442.84 | 1.58 | 8.647 | 101.26 | 13.66 | |
| @DENTIST | 28 | 86 | \$ | 4,339.00 | \$ 50.45 | .341 | \$ 154.96 | \$ 17.22 | |
| VISITS - DIAGNOSTIC | 15 | 47 | | 728.00 | 15.49 | .187 | 48.53 | 2.89 | |
| ORAL SURGERY | 4 | 12 | | 998.00 | 83.17 | .048 | 249.50 | 3.96 | |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIA | 2 | 2 | | 200.00 | 100.00 | .008 | 100.00 | .79 | |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RESTORATIVE DENTISTRY | 11 | 20 | | 548.00 | 27.40 | .079 | 49.82 | 2.17 | |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| DENTURES, STAYPLATES | 3 | 5 | | 1,865.00 | 373.00 | .020 | 621.67 | 7.40 | |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,466 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC | | | | | | | | |

| | 252 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|---------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 8 | 18 | \$ | 387.37 | \$ 21.52 | .071 | \$ 48.42 | \$ 1.54 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | | 142.35 | 47.45 | .012 | 47.45 | .56 |

| | | | | | | | | | |
|------------------------------|-----|-----|----|------------|----|---------|-------|------------|-----------|
| EYE APPLIANCES | 7 | 15 | | 245.02 | | 16.33 | .060 | 35.00 | .97 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 3 | 16 | \$ | 1,097.80 | \$ | 68.61 | .063 | \$ 365.93 | \$ 4.36 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 106 | 624 | \$ | 198,116.11 | \$ | 317.49 | 2.476 | \$ 1869.02 | \$ 786.18 |
| HOSP INPATIENT TOTAL | 26 | 145 | | 181,601.44 | | 1252.42 | .575 | 6984.67 | 720.64 |
| HSC HOSPITALS | 6 | 50 | | 72,481.50 | | 1449.63 | .198 | 12080.25 | 287.63 |
| NON-HSC HOSPITAL TOTAL | 13 | 51 | | 99,632.33 | | 1953.58 | .202 | 7664.03 | 395.37 |
| ACCOMMODATIONS | 13 | 51 | | 38,733.90 | | 759.49 | .202 | 2979.53 | 153.71 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 13 | 51 | | 38,733.90 | | 759.49 | .202 | 2979.53 | 153.71 |
| ANCILLARIES | 13 | 0 | | 60,898.43 | | .00 | .000 | 4684.49 | 241.66 |
| INPATIENT CROSSOVERS | 7 | 44 | | 9,487.61 | | 215.63 | .175 | 1355.37 | 37.65 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 89 | 479 | | 16,514.67 | | 34.48 | 1.901 | 185.56 | 65.53 |
| MEDICAL | 10 | 14 | | 358.84 | | 25.63 | .056 | 35.88 | 1.42 |
| SURGERY | 7 | 8 | | 340.44 | | 42.56 | .032 | 48.63 | 1.35 |
| PATHOLOGY | 52 | 212 | | 2,606.74 | | 12.30 | .841 | 50.13 | 10.34 |
| RADIOLOGY | 32 | 62 | | 8,591.23 | | 138.57 | .246 | 268.48 | 34.09 |
| ROOM USE | 28 | 35 | | 1,580.87 | | 45.17 | .139 | 56.46 | 6.27 |
| CROSSOVERS/ALL OTH OUTPTNT | 45 | 148 | | 3,036.55 | | 20.52 | .587 | 67.48 | 12.05 |
| @COUNTY HOSPITAL TOTAL | 6 | 32 | \$ | 16,749.88 | \$ | 523.43 | .127 | \$ 2791.65 | \$ 66.47 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 25 | | 15,684.00 | | 627.36 | .099 | 7842.00 | 62.24 |
| HSC HOSPITALS | 1 | 11 | | 14,872.00 | | 1352.00 | .044 | 14872.00 | 59.02 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 14 | | 812.00 | | 58.00 | .056 | 812.00 | 3.22 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 4 | 7 | | 1,065.88 | | 152.27 | .028 | 266.47 | 4.23 |
| MEDICAL | 1 | 1 | | 53.37 | | 53.37 | .004 | 53.37 | .21 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | | 19.76 | | 19.76 | .004 | 19.76 | .08 |
| RADIOLOGY | 1 | 1 | | 714.67 | | 714.67 | .004 | 714.67 | 2.84 |
| ROOM USE | 2 | 2 | | 75.15 | | 37.58 | .008 | 37.58 | .30 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | | 202.93 | | 101.47 | .008 | 101.47 | .81 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,467
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----
252 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|---|-----------------|----|------------|--------------|----------|------------|-------------|
| @COMMUNITY HOSPITAL TOTAL | 100 | 592 | \$ | 181,366.23 | \$ 306.36 | 2.349 | \$ 1813.66 | \$ 719.71 |
| COMM HOSP INPATIENT TOTAL | 24 | 120 | | 165,917.44 | 1382.65 | .476 | 6913.23 | 658.40 |
| HSC HOSPITALS | 5 | 39 | | 57,609.50 | 1477.17 | .155 | 11521.90 | 228.61 |
| NON-HSC HOSPITALS TOTAL | 13 | 51 | | 99,632.33 | 1953.58 | .202 | 7664.03 | 395.37 |
| ACCOMMODATIONS | 13 | 51 | | 38,733.90 | 759.49 | .202 | 2979.53 | 153.71 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 13 | 51 | | 38,733.90 | 759.49 | .202 | 2979.53 | 153.71 |
| ANCILLARIES | 13 | 0 | | 60,898.43 | .00 | .000 | 4684.49 | 241.66 |
| INPATIENT CROSSOVERS | 6 | 30 | | 8,675.61 | 289.19 | .119 | 1445.94 | 34.43 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 85 | 472 | | 15,448.79 | 32.73 | 1.873 | 181.75 | 61.30 |
| MEDICAL | 9 | 13 | | 305.47 | 23.50 | .052 | 33.94 | 1.21 |
| SURGERY | 7 | 8 | | 340.44 | 42.56 | .032 | 48.63 | 1.35 |
| PATHOLOGY | 51 | 211 | | 2,586.98 | 12.26 | .837 | 50.73 | 10.27 |
| RADIOLOGY | 31 | 61 | | 7,876.56 | 129.12 | .242 | 254.08 | 31.26 |
| ROOM USE | 26 | 33 | | 1,505.72 | 45.63 | .131 | 57.91 | 5.98 |
| CROSSOVERS/ALL OTH OUTPTNT | 43 | 146 | | 2,833.62 | 19.41 | .579 | 65.90 | 11.24 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 22 | 855 | \$ | 130,348.77 | \$ 152.45 | 3.393 | \$ 5924.94 | \$ 517.26 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 22 | 855 | | 130,348.77 | 152.45 | 3.393 | 5924.94 | 517.26 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 5 | 7 | \$ | 3,644.40 | \$ 520.63 | .028 | \$ 728.88 | \$ 14.46 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 5 | 7 | | 3,644.40 | 520.63 | .028 | 728.88 | 14.46 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 10 | 33 | \$ | 931.10 | \$ 28.22 | .131 | \$ 93.11 | \$ 3.69 |
| PATHOLOGY | 10 | 33 | | 931.10 | 28.22 | .131 | 93.11 | 3.69 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 41 | 67 | \$ | 4,243.38 | \$ 63.33 | .266 | \$ 103.50 | \$ 16.84 |
| CLINIC | 2 | 17 | | 687.21 | 40.42 | .067 | 343.61 | 2.73 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 39 | 50 | | 3,556.17 | 71.12 | .198 | 91.18 | 14.11 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,468 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC | | | | | | | |

| | 252 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------|---------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 44 | | 1,860 | \$ 16,387.10 | \$ 8.81 | 7.381 | \$ 372.43 | \$ 65.03 |
| DURABLE MED. EQUIP. | 7 | | 35 | 1,370.97 | 39.17 | .139 | 195.85 | 5.44 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|-------|--------------|-----------|-------|------------|-----------|
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 6 | 122 | 5,626.48 | 46.12 | .484 | 937.75 | 22.33 |
| AMBULANCES/AIR TRANS | 6 | 120 | 2,026.48 | 16.89 | .476 | 337.75 | 8.04 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 2 | 2 | 3,600.00 | 1800.00 | .008 | 1800.00 | 14.29 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 4 | 8 | 91.24 | 11.41 | .032 | 22.81 | .36 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 1 | 1.56 | 1.56 | .004 | 1.56 | .01 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 26 | 1,694 | 9,296.85 | 5.49 | 6.722 | 357.57 | 36.89 |
| @CALIF. CHILDREN SERVICES* | 13 | 142 | \$ 49,079.55 | \$ 345.63 | .563 | \$ 3775.35 | \$ 194.76 |
| @XOVER EXCLUDING STATE HOSP** | 69 | 1,977 | \$ 17,395.14 | \$ 8.80 | 7.845 | \$ 252.10 | \$ 69.03 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,469
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

| | 800 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|---------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 710 | 28,519 | \$ | 3,977,893.20 | \$ 139.48 | 35.649 | \$ 5602.67 | \$ 4972.37 |
| @PHYSICIANS SERVICES | 107 | 197 | \$ | 3,162.38 | \$ 16.05 | .246 | \$ 29.55 | \$ 3.95 |
| OUTPATIENT VISITS | 3 | 3 | | 240.54 | 80.18 | .004 | 80.18 | .30 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3 | 3 | | 240.54 | 80.18 | .004 | 80.18 | .30 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 8 | 19 | | 860.70 | 45.30 | .024 | 107.59 | 1.08 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 3 | 6 | | 482.60 | 80.43 | .008 | 160.87 | .60 |
| SNF/ICF/TRANS IP CARE | 7 | 13 | | 378.10 | 29.08 | .016 | 54.01 | .47 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|-------------------------------------|-----------------------------|------------------------------|------------------------|------------------|----------------------|
| OUTPATIENT SURGERY | 1 | 1 | 56.34 | 56.34 | .001 | 56.34 | .07 |
| PRINCIPAL SURGEON | 1 | 1 | 56.34 | 56.34 | .001 | 56.34 | .07 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 5 | 6 | 40.66 | 6.78 | .008 | 8.13 | .05 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 99 | 168 | 1,964.14 | 11.69 | .210 | 19.84 | 2.46 |
| @PHARMACY | 393 | 2,634 | \$ 148,901.34 | \$ 56.53 | 3.293 | \$ 378.88 | \$ 186.13 |
| PRESCRIPTION DRUGS | 390 | 2,457 | 147,442.70 | 60.01 | 3.071 | 378.06 | 184.30 |
| SNF/ICF | 345 | 2,366 | 143,701.93 | 60.74 | 2.958 | 416.53 | 179.63 |
| OUTPATIENTS | 49 | 91 | 3,740.77 | 41.11 | .114 | 76.34 | 4.68 |
| MEDICAL SUPPLIES | 21 | 177 | 1,458.64 | 8.24 | .221 | 69.46 | 1.82 |
| @DENTIST | 30 | 93 | \$ 7,084.25 | \$ 76.17 | .116 | \$ 236.14 | \$ 8.86 |
| VISITS - DIAGNOSTIC | 26 | 54 | 1,177.50 | 21.81 | .068 | 45.29 | 1.47 |
| ORAL SURGERY | 3 | 18 | 1,253.75 | 69.65 | .023 | 417.92 | 1.57 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 1 | 3 | 103.00 | 34.33 | .004 | 103.00 | .13 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 9 | 18 | 4,550.00 | 252.78 | .023 | 505.56 | 5.69 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,470 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED | | | | | | |
| | | | AID CODE | | | | |
| | | | ----- MONTHLY AVERAGE ----- | | | | |
| 800 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |

| | | | | | | | |
|------------------------------|----|-----|-------------|----------|------|-----------|---------|
| @OPTOMETRIST | 2 | 4 | \$ 100.56 | \$ 25.14 | .005 | \$ 50.28 | \$.13 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .001 | 47.45 | .06 |
| EYE APPLIANCES | 1 | 3 | 53.11 | 17.70 | .004 | 53.11 | .07 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 11 | 16 | \$ 121.39 | \$ 7.59 | .020 | \$ 11.04 | \$.15 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 11 | 16 | 121.39 | 7.59 | .020 | 11.04 | .15 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 46 | 175 | \$ 7,149.63 | \$ 40.86 | .219 | \$ 155.43 | \$ 8.94 |
| HOSP INPATIENT TOTAL | 6 | 23 | 4,659.80 | 202.60 | .029 | 776.63 | 5.82 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|----|-----|----------|---------|------|---------|--------|
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 6 | 23 | 4,659.80 | 202.60 | .029 | 776.63 | 5.82 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 43 | 152 | 2,489.83 | 16.38 | .190 | 57.90 | 3.11 |
| MEDICAL | 2 | 2 | 166.06 | 83.03 | .003 | 83.03 | .21 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 43 | 583.03 | 13.56 | .054 | 116.61 | .73 |
| RADIOLOGY | 2 | 6 | 101.36 | 16.89 | .008 | 50.68 | .13 |
| ROOM USE | 1 | 2 | 80.12 | 40.06 | .003 | 80.12 | .10 |
| CROSSOVERS/ALL OTH OUTPTNT | 39 | 99 | 1,559.26 | 15.75 | .124 | 39.98 | 1.95 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 | \$ 9.72 | \$ 9.72 | .001 | \$ 9.72 | \$.01 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 9.72 | 9.72 | .001 | 9.72 | .01 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|-----------------|------------------------------|------------------------|-----------------------------|----------------------|
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 9.72 | 9.72 | .001 | 9.72 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,471 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED | | | | | | |
| | | | | | AID CODE | | |
| | | | | | | ----- MONTHLY AVERAGE ----- | |
| 800 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 45 | 174 | \$ 7,139.91 | \$ 41.03 | .218 | \$ 158.66 | \$ 8.92 |
| COMM HOSP INPATIENT TOTAL | 6 | 23 | 4,659.80 | 202.60 | .029 | 776.63 | 5.82 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 6 | 23 | 4,659.80 | 202.60 | .029 | 776.63 | 5.82 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 42 | 151 | 2,480.11 | 16.42 | .189 | 59.05 | 3.10 |
| MEDICAL | 2 | 2 | 166.06 | 83.03 | .003 | 83.03 | .21 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 43 | 583.03 | 13.56 | .054 | 116.61 | .73 |
| RADIOLOGY | 2 | 6 | 101.36 | 16.89 | .008 | 50.68 | .13 |
| ROOM USE | 1 | 2 | 80.12 | 40.06 | .003 | 80.12 | .10 |
| CROSSOVERS/ALL OTH OUTPTNT | 38 | 98 | 1,549.54 | 15.81 | .123 | 40.78 | 1.94 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 629 | 22,622 | \$ 3,757,677.25 | \$ 166.11 | 28.278 | \$ 5974.05 | \$ 4697.10 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 629 | 22,622 | 3,757,677.25 | 166.11 | 28.278 | 5974.05 | 4697.10 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 17 | 22 | \$ 14,343.45 | \$ 651.98 | .028 | \$ 843.73 | \$ 17.93 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 17 | 22 | 14,343.45 | 651.98 | .028 | 843.73 | 17.93 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 5 | 7 | \$ 105.09 | \$ 15.01 | .009 | \$ 21.02 | \$.13 |
| PATHOLOGY | 5 | 7 | 105.09 | 15.01 | .009 | 21.02 | .13 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 16 | \$ 305.73 | \$ 19.11 | .020 | \$ 305.73 | \$.38 |
| CLINIC | 1 | 15 | 288.45 | 19.23 | .019 | 288.45 | .36 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | 17.28 | 17.28 | .001 | 17.28 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,472 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED | | | | | | |
| | | | | | AID CODE | | |

| 800 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 54 | 2,733 | \$ 38,942.13 | \$ 14.25 | 3.416 | \$ 721.15 | \$ 48.68 |
| DURABLE MED. EQUIP. | 2 | 314 | 5,469.89 | 17.42 | .393 | 2734.95 | 6.84 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 26 | 171 | 2,421.06 | 14.16 | .214 | 93.12 | 3.03 |
| AMBULANCES/AIR TRANS | 7 | 46 | 888.06 | 19.31 | .058 | 126.87 | 1.11 |
| OTHER TRANS | 10 | 75 | 374.62 | 4.99 | .094 | 37.46 | .47 |
| OTHER SERVICES | 11 | 50 | 1,158.38 | 23.17 | .063 | 105.31 | 1.45 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 4 | 36.80 | 9.20 | .005 | 36.80 | .05 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 5 | 18 | 146.35 | 8.13 | .023 | 29.27 | .18 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 12 | 275 | 29,446.68 | 107.08 | .344 | 2453.89 | 36.81 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 10 | 1,951 | 1,421.35 | .73 | 2.439 | 142.14 | 1.78 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 187 | 376 | \$ 53,271.11 | \$ 141.68 | .470 | \$ 284.87 | \$ 66.59 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 10,473
01/17/03

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 1 | 31 | \$ 6,344.58 | \$ 204.66 | 6.200 | \$ 6344.58 | \$ 1268.92 |
| @PHYSICIANS SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,474
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,475
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|----|----|----------|-----------|-------|------------|------------|
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 31 | \$ | 6,344.58 | \$ 204.66 | 6.200 | \$ 6344.58 | \$ 1268.92 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 1 | 31 | | 6,344.58 | 204.66 | 6.200 | 6344.58 | 1268.92 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|---------------------|---|---|-----|-----|------|-----|-----|
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,476
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,477
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

| 65 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 63 | 3,877 | \$ 281,275.36 | \$ 72.55 | 59.646 | \$ 4464.69 | \$ 4327.31 |
| @PHYSICIANS SERVICES | 11 | 13 | \$ 180.70 | \$ 13.90 | .200 | \$ 16.43 | \$ 2.78 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|----|-----|----|-----------|----------|-------|-----------|-----------|
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 11 | 13 | | 180.70 | 13.90 | .200 | 16.43 | 2.78 |
| @PHARMACY | 47 | 288 | \$ | 22,412.11 | \$ 77.82 | 4.431 | \$ 476.85 | \$ 344.80 |
| PRESCRIPTION DRUGS | 47 | 288 | | 22,412.11 | 77.82 | 4.431 | 476.85 | 344.80 |
| SNF/ICF | 47 | 288 | | 22,412.11 | 77.82 | 4.431 | 476.85 | 344.80 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 5 | 24 | \$ | 298.00 | \$ 12.42 | .369 | \$ 59.60 | \$ 4.58 |
| VISITS - DIAGNOSTIC | 5 | 23 | | 257.00 | 11.17 | .354 | 51.40 | 3.95 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 1 | 1 | | 41.00 | 41.00 | .015 | 41.00 | .63 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,478
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

| 65 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 1 | 3 | \$ 53.11 | \$ 17.70 | .046 | \$ 53.11 | \$.82 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 1 | 3 | 53.11 | 17.70 | .046 | 53.11 | .82 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 3 | 3 | \$ 17.40 | \$ 5.80 | .046 | \$ 5.80 | \$.27 |

| | | | | | | | | |
|------------------------------|---|---|----|--------|--------|------|--------|-------|
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| OTHER | 3 | 3 | | 17.40 | 5.80 | .046 | 5.80 | .27 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| @TOTAL HOSPITAL | 2 | 6 | \$ | 825.49 | \$ | .092 | \$ | 12.70 |
| HOSP INPATIENT TOTAL | 1 | 5 | | 812.00 | | .077 | 812.00 | 12.49 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 5 | | 812.00 | 162.40 | .077 | 812.00 | 12.49 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 1 | | 13.49 | 13.49 | .015 | 13.49 | .21 |
| MEDICAL | 0 | 0 | | .00 | | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | | 13.49 | 13.49 | .015 | 13.49 | .21 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 10,479 01/17/03

| | 65 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2 | 6 | \$ | 825.49 | \$ 137.58 | .092 | \$ 412.75 | \$ 12.70 |
| COMM HOSP INPATIENT TOTAL | 1 | 5 | | 812.00 | 162.40 | .077 | 812.00 | 12.49 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|----|-------|----|------------|-----------|--------|------------|------------|
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 5 | | 812.00 | 162.40 | .077 | 812.00 | 12.49 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 1 | | 13.49 | 13.49 | .015 | 13.49 | .21 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | | 13.49 | 13.49 | .015 | 13.49 | .21 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 50 | 1,874 | \$ | 255,812.78 | \$ 136.51 | 28.831 | \$ 5116.26 | \$ 3935.58 |
| LEV A-INTERMEDIATE | 8 | 269 | | 18,469.32 | 68.66 | 4.138 | 2308.67 | 284.14 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 42 | 1,605 | | 237,343.46 | 147.88 | 24.692 | 5651.03 | 3651.44 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,480
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

| | 65 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 11 | 1,666 | \$ | 1,675.77 | \$ 1.01 | 25.631 | \$ 152.34 | \$ 25.78 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|-------|--------------|-----------|--------|-----------|-----------|
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 2 | 4 | 52.16 | 13.04 | .062 | 26.08 | .80 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 3 | 7 | 70.22 | 10.03 | .108 | 23.41 | 1.08 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 11 | 1,655 | 1,553.39 | .94 | 25.462 | 141.22 | 23.90 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 21 | 28 | \$ 10,617.23 | \$ 379.19 | .431 | \$ 505.58 | \$ 163.34 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,481
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 \$.00 | \$.00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,482
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | |
|----------------------------|---|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,483 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES | DISCONTIN | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|-----------------------------|-------|------------------|--------------|--------------|------------|----------|----------|
| ----- MONTHLY AVERAGE ----- | | | | | | | |

| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|---|-----------------|----|--------------|----------|---------|----------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 \$ |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | |
| MOP024 | | | | | | | |
| SAN BENITO COUNTY | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 10,484
01/17/03

| | 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | | 0 | \$.00 | .00 | .000 | .00 | .00 |
| DURABLE MED. EQUIP. | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,485 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG | |

| 870 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 774 | 32,427 | \$ 4,265,513.14 | \$ 131.54 | 37.272 | \$ 5511.00 | \$ 4902.89 |
| @PHYSICIANS SERVICES | 118 | 210 | \$ 3,343.08 | \$ 15.92 | .241 | \$ 28.33 | \$ 3.84 |
| OUTPATIENT VISITS | 3 | 3 | 240.54 | 80.18 | .003 | 80.18 | .28 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3 | 3 | 240.54 | 80.18 | .003 | 80.18 | .28 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 8 | 19 | 860.70 | 45.30 | .022 | 107.59 | .99 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 3 | 6 | 482.60 | 80.43 | .007 | 160.87 | .55 |
| SNF/ICF/TRANS IP CARE | 7 | 13 | 378.10 | 29.08 | .015 | 54.01 | .43 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|-----|-------|---------------|----------|-------|-----------|-----------|
| OUTPATIENT SURGERY | 1 | 1 | 56.34 | 56.34 | .001 | 56.34 | .06 |
| PRINCIPAL SURGEON | 1 | 1 | 56.34 | 56.34 | .001 | 56.34 | .06 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 5 | 6 | 40.66 | 6.78 | .007 | 8.13 | .05 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 110 | 181 | 2,144.84 | 11.85 | .208 | 19.50 | 2.47 |
| @PHARMACY | 440 | 2,922 | \$ 171,313.45 | \$ 58.63 | 3.359 | \$ 389.35 | \$ 196.91 |
| PRESCRIPTION DRUGS | 437 | 2,745 | 169,854.81 | 61.88 | 3.155 | 388.68 | 195.24 |
| SNF/ICF | 392 | 2,654 | 166,114.04 | 62.59 | 3.051 | 423.76 | 190.94 |
| OUTPATIENTS | 49 | 91 | 3,740.77 | 41.11 | .105 | 76.34 | 4.30 |
| MEDICAL SUPPLIES | 21 | 177 | 1,458.64 | 8.24 | .203 | 69.46 | 1.68 |
| @DENTIST | 35 | 117 | \$ 7,382.25 | \$ 63.10 | .134 | \$ 210.92 | \$ 8.49 |
| VISITS - DIAGNOSTIC | 31 | 77 | 1,434.50 | 18.63 | .089 | 46.27 | 1.65 |
| ORAL SURGERY | 3 | 18 | 1,253.75 | 69.65 | .021 | 417.92 | 1.44 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 2 | 4 | 144.00 | 36.00 | .005 | 72.00 | .17 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 9 | 18 | 4,550.00 | 252.78 | .021 | 505.56 | 5.23 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

PAGE 10,486

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

| 870 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 3 | 7 | \$ 153.67 | \$ 21.95 | .008 | \$ 51.22 | \$.18 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .001 | 47.45 | .05 |
| EYE APPLIANCES | 2 | 6 | 106.22 | 17.70 | .007 | 53.11 | .12 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 14 | 19 | \$ 138.79 | \$ 7.30 | .022 | \$ 9.91 | \$.16 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 14 | 19 | 138.79 | 7.30 | .022 | 9.91 | .16 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 48 | 181 | \$ 7,975.12 | \$ 44.06 | .208 | \$ 166.15 | \$ 9.17 |
| HOSP INPATIENT TOTAL | 7 | 28 | 5,471.80 | 195.42 | .032 | 781.69 | 6.29 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 7 | 28 | 5,471.80 | 195.42 | .032 | 781.69 | 6.29 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 44 | 153 | 2,503.32 | 16.36 | .176 | 56.89 | 2.88 |
| MEDICAL | 2 | 2 | 166.06 | 83.03 | .002 | 83.03 | .19 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 43 | 583.03 | 13.56 | .049 | 116.61 | .67 |
| RADIOLOGY | 2 | 6 | 101.36 | 16.89 | .007 | 50.68 | .12 |
| ROOM USE | 1 | 2 | 80.12 | 40.06 | .002 | 80.12 | .09 |
| CROSSOVERS/ALL OTH OUTPTNT | 40 | 100 | 1,572.75 | 15.73 | .115 | 39.32 | 1.81 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 | \$ 9.72 | \$ 9.72 | .001 | \$ 9.72 | \$.01 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 9.72 | 9.72 | .001 | 9.72 | .01 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 870 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 47 | 180 | \$ 7,965.40 | \$ 44.25 | .207 | \$ 169.48 | \$ 9.16 |
| COMM HOSP INPATIENT TOTAL | 7 | 28 | 5,471.80 | 195.42 | .032 | 781.69 | 6.29 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 7 | 28 | 5,471.80 | 195.42 | .032 | 781.69 | 6.29 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 43 | 152 | 2,493.60 | 16.41 | .175 | 57.99 | 2.87 |
| MEDICAL | 2 | 2 | 166.06 | 83.03 | .002 | 83.03 | .19 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 43 | 583.03 | 13.56 | .049 | 116.61 | .67 |
| RADIOLOGY | 2 | 6 | 101.36 | 16.89 | .007 | 50.68 | .12 |
| ROOM USE | 1 | 2 | 80.12 | 40.06 | .002 | 80.12 | .09 |
| CROSSOVERS/ALL OTH OUTPTNT | 39 | 99 | 1,563.03 | 15.79 | .114 | 40.08 | 1.80 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 680 | 24,527 | \$ 4,019,834.61 | \$ 163.89 | 28.192 | \$ 5911.52 | \$ 4620.50 |
| LEV A-INTERMEDIATE | 8 | 269 | 18,469.32 | 68.66 | .309 | 2308.67 | 21.23 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 672 | 24,258 | 4,001,365.29 | 164.95 | 27.883 | 5954.41 | 4599.27 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 17 | 22 | \$ 14,343.45 | \$ 651.98 | .025 | \$ 843.73 | \$ 16.49 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 17 | 22 | 14,343.45 | 651.98 | .025 | 843.73 | 16.49 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 5 | 7 | \$ 105.09 | \$ 15.01 | .008 | \$ 21.02 | \$.12 |
| PATHOLOGY | 5 | 7 | 105.09 | 15.01 | .008 | 21.02 | .12 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 16 | \$ 305.73 | \$ 19.11 | .018 | \$ 305.73 | \$.35 |
| CLINIC | 1 | 15 | 288.45 | 19.23 | .017 | 288.45 | .33 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | 17.28 | 17.28 | .001 | 17.28 | .02 |

| 870 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 65 | 4,399 | \$ 40,617.90 | \$ 9.23 | 5.056 | \$ 624.89 | \$ 46.69 |
| DURABLE MED. EQUIP. | 2 | 314 | 5,469.89 | 17.42 | .361 | 2734.95 | 6.29 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 26 | 171 | 2,421.06 | 14.16 | .197 | 93.12 | 2.78 |
| AMBULANCES/AIR TRANS | 7 | 46 | 888.06 | 19.31 | .053 | 126.87 | 1.02 |
| OTHER TRANS | 10 | 75 | 374.62 | 4.99 | .086 | 37.46 | .43 |
| OTHER SERVICES | 11 | 50 | 1,158.38 | 23.17 | .057 | 105.31 | 1.33 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 | 8 | 88.96 | 11.12 | .009 | 29.65 | .10 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 5 | 18 | 146.35 | 8.13 | .021 | 29.27 | .17 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 3 | 7 | 70.22 | 10.03 | .008 | 23.41 | .08 |
| HOSPICE SERVICES | 12 | 275 | 29,446.68 | 107.08 | .316 | 2453.89 | 33.85 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 21 | 3,606 | 2,974.74 | .82 | 4.145 | 141.65 | 3.42 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 208 | 404 | \$ 63,888.34 | \$ 158.14 | .464 | \$ 307.16 | \$ 73.43 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

PAGE 10,489
01/17/03

| 2,843 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|-----------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 2,333 | 43,704 | \$ 4,918,103.04 | \$ 112.53 | 15.372 | \$ 2108.06 | \$ 1729.90 |
| @PHYSICIANS SERVICES | 491 | 2,016 | \$ 38,766.76 | \$ 19.23 | .709 | \$ 78.95 | \$ 13.64 |
| OUTPATIENT VISITS | 74 | 112 | 5,033.22 | 44.94 | .039 | 68.02 | 1.77 |
| OFFICE VISITS | 54 | 74 | 2,776.66 | 37.52 | .026 | 51.42 | .98 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 24 | 30 | 2,054.64 | 68.49 | .011 | 85.61 | .72 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 5 | 8 | 201.92 | 25.24 | .003 | 40.38 | .07 |
| INPATIENT VISITS | 16 | 32 | 1,688.85 | 52.78 | .011 | 105.55 | .59 |
| HOSPITAL VISITS | 6 | 10 | 524.15 | 52.42 | .004 | 87.36 | .18 |
| CRITICAL CARE | 5 | 9 | 786.60 | 87.40 | .003 | 157.32 | .28 |
| SNF/ICF/TRANS IP CARE | 7 | 13 | 378.10 | 29.08 | .005 | 54.01 | .13 |
| OPHTHALMOLOGICAL SERVICES | 5 | 8 | 344.83 | 43.10 | .003 | 68.97 | .12 |

| | | | | | | | | |
|----------------------------|---|--------|----|------------|----------|-------|-----------|-------------|
| EXAMINATIONS | 5 | 8 | | 344.83 | 43.10 | .003 | 68.97 | .12 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 7 | 38 | | 4,632.04 | 121.90 | .013 | 661.72 | 1.63 |
| PRINCIPAL SURGEON | 5 | 7 | | 3,499.59 | 499.94 | .002 | 699.92 | 1.23 |
| ASSISTANT SURGEON | 1 | 1 | | 268.03 | 268.03 | .000 | 268.03 | .09 |
| ANESTHESIOLOGIST | 4 | 30 | | 864.42 | 28.81 | .011 | 216.11 | .30 |
| OUTPATIENT SURGERY | 12 | 50 | | 3,980.28 | 79.61 | .018 | 331.69 | 1.40 |
| PRINCIPAL SURGEON | 10 | 11 | | 3,093.18 | 281.20 | .004 | 309.32 | 1.09 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 39 | | 887.10 | 22.75 | .014 | 177.42 | .31 |
| DIALYSIS | 7 | 39 | | 1,938.68 | 49.71 | .014 | 276.95 | .68 |
| PATHOLOGY | 16 | 41 | | 915.13 | 22.32 | .014 | 57.20 | .32 |
| RADIOLOGY | 67 | 149 | | 5,377.27 | 36.09 | .052 | 80.26 | 1.89 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 3 | 16 | | 279.94 | 17.50 | .006 | 93.31 | .10 |
| OTHER SERVICES/ALL X-OVERS | 390 | 1,531 | | 14,576.52 | 9.52 | .539 | 37.38 | 5.13 |
| @PHARMACY | 1,759 | 10,468 | \$ | 512,569.13 | \$ 48.97 | 3.682 | \$ 291.40 | \$ 180.29 |
| PRESCRIPTION DRUGS | 1,730 | 7,866 | | 498,192.51 | 63.33 | 2.767 | 287.97 | 175.23 |
| SNF/ICF | 390 | 2,739 | | 166,937.68 | 60.95 | .963 | 428.05 | 58.72 |
| OUTPATIENTS | 1,347 | 5,127 | | 331,254.83 | 64.61 | 1.803 | 245.92 | 116.52 |
| MEDICAL SUPPLIES | 220 | 2,602 | | 14,376.62 | 5.53 | .915 | 65.35 | 5.06 |
| @DENTIST | 113 | 459 | \$ | 27,868.61 | \$ 60.72 | .161 | \$ 246.62 | \$ 9.80 |
| VISITS - DIAGNOSTIC | 82 | 276 | | 4,399.86 | 15.94 | .097 | 53.66 | 1.55 |
| ORAL SURGERY | 24 | 62 | | 3,332.75 | 53.75 | .022 | 138.86 | 1.17 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | 100.00 | .000 | 100.00 | .04 |
| PERIODONTICS | 7 | 9 | | 1,000.00 | 111.11 | .003 | 142.86 | .35 |
| ENDODONTICS | 8 | 21 | | 4,570.00 | 217.62 | .007 | 571.25 | 1.61 |
| RESTORATIVE DENTISTRY | 20 | 46 | | 4,968.00 | 108.00 | .016 | 248.40 | 1.75 |
| PROSTHETICS | 1 | 1 | | 50.00 | 50.00 | .000 | 50.00 | .02 |
| DENTURES, STAYPLATES | 18 | 43 | | 9,448.00 | 219.72 | .015 | 524.89 | 3.32 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,490 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED | | | | | | | |

| | 2,843 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 38 | 117 | \$ | 2,617.61 | \$ 22.37 | .041 | \$ 68.88 | \$.92 |
| DIAGNOSTIC AND ANC. PROCED | 19 | 19 | | 901.47 | 47.45 | .007 | 47.45 | .32 |
| EYE APPLIANCES | 35 | 98 | | 1,716.14 | 17.51 | .034 | 49.03 | .60 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 20 | 34 | \$ | 264.20 | \$ 7.77 | .012 | \$ 13.21 | \$.09 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 20 | 34 | | 264.20 | 7.77 | .012 | 13.21 | .09 |
| @HOME HEALTH AGENCY | 7 | 20 | \$ | 1,293.10 | \$ 64.66 | .007 | \$ 184.73 | \$.45 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|------------------------------|-----|-------|----|------------|----|---------|------|----|---------|----|-------|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 290 | 1,181 | \$ | 128,586.15 | \$ | 108.88 | .415 | \$ | 443.40 | \$ | 45.23 |
| HOSP INPATIENT TOTAL | 36 | 160 | | 101,967.84 | | 637.30 | .056 | | 2832.44 | | 35.87 |
| HSC HOSPITALS | 3 | 15 | | 13,095.00 | | 873.00 | .005 | | 4365.00 | | 4.61 |
| NON-HSC HOSPITAL TOTAL | 8 | 27 | | 64,503.59 | | 2389.02 | .009 | | 8062.95 | | 22.69 |
| ACCOMMODATIONS | 8 | 27 | | 23,063.37 | | 854.20 | .009 | | 2882.92 | | 8.11 |
| ADMINISTRATIVE DAYS | 0 | 0 | | 30.78CR | | .00 | .000 | | .00 | | .01CR |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 8 | 27 | | 23,094.15 | | 855.34 | .009 | | 2886.77 | | 8.12 |
| ANCILLARIES | 8 | 0 | | 41,440.22 | | .00 | .000 | | 5180.03 | | 14.58 |
| INPATIENT CROSSOVERS | 25 | 118 | | 24,369.25 | | 206.52 | .042 | | 974.77 | | 8.57 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 270 | 1,021 | | 26,618.31 | | 26.07 | .359 | | 98.59 | | 9.36 |
| MEDICAL | 16 | 21 | | 1,044.80 | | 49.75 | .007 | | 65.30 | | .37 |
| SURGERY | 7 | 8 | | 776.95 | | 97.12 | .003 | | 110.99 | | .27 |
| PATHOLOGY | 54 | 203 | | 2,666.69 | | 13.14 | .071 | | 49.38 | | .94 |
| RADIOLOGY | 30 | 51 | | 3,725.44 | | 73.05 | .018 | | 124.18 | | 1.31 |
| ROOM USE | 24 | 41 | | 1,511.47 | | 36.87 | .014 | | 62.98 | | .53 |
| CROSSOVERS/ALL OTH OUTPTNT | 221 | 697 | | 16,892.96 | | 24.24 | .245 | | 76.44 | | 5.94 |
| @COUNTY HOSPITAL TOTAL | 10 | 33 | \$ | 1,395.30 | \$ | 42.28 | .012 | \$ | 139.53 | \$ | .49 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 6 | | 812.00 | | 135.33 | .002 | | 812.00 | | .29 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 6 | | 812.00 | | 135.33 | .002 | | 812.00 | | .29 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| | | | | | | | |
|---|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| CO HOSP OUTPATIENT TOTAL | 9 | 27 | 583.30 | 21.60 | .009 | 64.81 | .21 |
| MEDICAL | 1 | 2 | 124.48 | 62.24 | .001 | 124.48 | .04 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 82.29 | 11.76 | .002 | 41.15 | .03 |
| RADIOLOGY | 1 | 1 | 23.47 | 23.47 | .000 | 23.47 | .01 |
| ROOM USE | 6 | 9 | 224.03 | 24.89 | .003 | 37.34 | .08 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 8 | 129.03 | 16.13 | .003 | 25.81 | .05 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | |
| MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | |
| MOP024 | | | | | | | |
| FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SAN BENITO COUNTY | | | | | | | |
| SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED | | | | | | | |
| ----- MONTHLY AVERAGE ----- | | | | | | | |
| 2,843 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 281 | 1,148 | \$ 127,190.85 | \$ 110.79 | .404 | \$ 452.64 | \$ 44.74 |
| COMM HOSP INPATIENT TOTAL | 35 | 154 | 101,155.84 | 656.86 | .054 | 2890.17 | 35.58 |
| HSC HOSPITALS | 3 | 15 | 13,095.00 | 873.00 | .005 | 4365.00 | 4.61 |
| NON-HSC HOSPITALS TOTAL | 8 | 27 | 64,503.59 | 2389.02 | .009 | 8062.95 | 22.69 |
| ACCOMMODATIONS | 8 | 27 | 23,063.37 | 854.20 | .009 | 2882.92 | 8.11 |
| ADMINISTRATIVE DAYS | 0 | 0 | 30.78CR | .00 | .000 | .00 | .01CR |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 8 | 27 | 23,094.15 | 855.34 | .009 | 2886.77 | 8.12 |
| ANCILLARIES | 8 | 0 | 41,440.22 | .00 | .000 | 5180.03 | 14.58 |
| INPATIENT CROSSOVERS | 24 | 112 | 23,557.25 | 210.33 | .039 | 981.55 | 8.29 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 262 | 994 | 26,035.01 | 26.19 | .350 | 99.37 | 9.16 |
| MEDICAL | 15 | 19 | 920.32 | 48.44 | .007 | 61.35 | .32 |
| SURGERY | 7 | 8 | 776.95 | 97.12 | .003 | 110.99 | .27 |
| PATHOLOGY | 52 | 196 | 2,584.40 | 13.19 | .069 | 49.70 | .91 |
| RADIOLOGY | 29 | 50 | 3,701.97 | 74.04 | .018 | 127.65 | 1.30 |
| ROOM USE | 19 | 32 | 1,287.44 | 40.23 | .011 | 67.76 | .45 |
| CROSSOVERS/ALL OTH OUTPTNT | 216 | 689 | 16,763.93 | 24.33 | .242 | 77.61 | 5.90 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 681 | 24,317 | \$ 4,070,730.35 | \$ 167.40 | 8.553 | \$ 5977.58 | \$ 1431.84 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 3 | 75 | 29,818.55 | 397.58 | .026 | 9939.52 | 10.49 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 680 | 24,242 | 4,040,911.80 | 166.69 | 8.527 | 5942.52 | 1421.35 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 61 | 1,009 | \$ 66,551.99 | \$ 65.96 | .355 | \$ 1091.02 | \$ 23.41 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 61 | 1,009 | 66,551.99 | 65.96 | .355 | 1091.02 | 23.41 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 28 | 128 | \$ 1,510.86 | \$ 11.80 | .045 | \$ 53.96 | \$.53 |
| PATHOLOGY | 27 | 126 | 1,483.26 | 11.77 | .044 | 54.94 | .52 |
| XO AND OTHERS | 1 | 2 | 27.60 | 13.80 | .001 | 27.60 | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 162 | 293 | \$ 16,765.79 | \$ 57.22 | .103 | \$ 103.49 | \$ 5.90 |
| CLINIC | 1 | 15 | 288.45 | 19.23 | .005 | 288.45 | .10 |

| | | | | | | | |
|---------------------|-----|-----|-----------|-------|------|--------|------|
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 162 | 278 | 16,477.34 | 59.27 | .098 | 101.71 | 5.80 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,492
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| 2,843 ELIGIBLES | | | | | | | |
| @ALL OTHER PROVIDERS | 203 | 3,662 | \$ 50,578.49 | \$ 13.81 | 1.288 | \$ 249.16 | \$ 17.79 |
| DURABLE MED. EQUIP. | 5 | 317 | 5,664.20 | 17.87 | .112 | 1132.84 | 1.99 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 47 | 404 | 4,298.84 | 10.64 | .142 | 91.46 | 1.51 |
| AMBULANCES/AIR TRANS | 11 | 71 | 1,466.13 | 20.65 | .025 | 133.28 | .52 |
| OTHER TRANS | 11 | 78 | 393.44 | 5.04 | .027 | 35.77 | .14 |
| OTHER SERVICES | 27 | 255 | 2,439.27 | 9.57 | .090 | 90.34 | .86 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 43 | 93 | 1,182.98 | 12.72 | .033 | 27.51 | .42 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 5 | 18 | 146.35 | 8.13 | .006 | 29.27 | .05 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 6 | 14 | 2,006.27 | 143.31 | .005 | 334.38 | .71 |
| HOSPICE SERVICES | 13 | 305 | 32,687.88 | 107.17 | .107 | 2514.45 | 11.50 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 96 | 2,511 | 4,591.97 | 1.83 | .883 | 47.83 | 1.62 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 645 | 4,738 | \$ 141,184.53 | \$ 29.80 | 1.667 | \$ 218.89 | \$ 49.66 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,493 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND | |

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| 09 ELIGIBLES | | | | | | | |
| @TOTAL, ALL PROVIDERS | 10 | 144 | \$ 11,238.09 | \$ 78.04 | 16.000 | \$ 1123.81 | \$ 1248.68 |
| @PHYSICIANS SERVICES | 4 | 6 | \$ 119.10 | \$ 19.85 | .667 | \$ 29.78 | \$ 13.23 |
| OUTPATIENT VISITS | 1 | 1 | 44.60 | 44.60 | .111 | 44.60 | 4.96 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .111 | 44.60 | 4.96 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|----|----|----------|----|-------|-------|--------|-------------|
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | 5 | | 74.50 | | 14.90 | .556 | 24.83 | 8.28 |
| @PHARMACY | 8 | 40 | \$ | 1,996.72 | \$ | 49.92 | 4.444 | 249.59 | 221.86 |
| PRESCRIPTION DRUGS | 8 | 40 | | 1,996.72 | | 49.92 | 4.444 | 249.59 | 221.86 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 8 | 40 | | 1,996.72 | | 49.92 | 4.444 | 249.59 | 221.86 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,494 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND | | | | | | | | |

| 09 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | | |
|------------------------------|---|---|----|--------|-------|-------|-------|-------|
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| @TOTAL HOSPITAL | 3 | 5 | \$ | 142.86 | \$ | 28.57 | \$ | 15.87 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3 | 5 | | 142.86 | 28.57 | .556 | 47.62 | 15.87 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | | 32.64 | 32.64 | .111 | 32.64 | 3.63 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | | 110.22 | 27.56 | .444 | 36.74 | 12.25 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,495
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

| 09 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 3 | 5 | \$ 142.86 | \$ 28.57 | .556 | \$ 47.62 | \$ 15.87 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|----|----|----------|-----------|-------|------------|-----------|
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | 5 | | 142.86 | 28.57 | .556 | 47.62 | 15.87 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | | 32.64 | 32.64 | .111 | 32.64 | 3.63 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | | 110.22 | 27.56 | .444 | 36.74 | 12.25 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 31 | \$ | 6,344.58 | \$ 204.66 | 3.444 | \$ 6344.58 | \$ 704.95 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 1 | 31 | | 6,344.58 | 204.66 | 3.444 | 6344.58 | 704.95 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 4 | 5 | \$ | 2,164.46 | \$ 432.89 | .556 | \$ 541.12 | \$ 240.50 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 4 | 5 | | 2,164.46 | 432.89 | .556 | 541.12 | 240.50 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|-------|----|-------|------|----------|---------|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ | 77.93 | \$ | 77.93 | .111 | \$ 77.93 | \$ 8.66 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | | 77.93 | | 77.93 | .111 | 77.93 | 8.66 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

PAGE 10,496 01/17/03

| 09 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 1 | 56 | \$ 392.44 | \$ 7.01 | 6.222 | \$ 392.44 | \$ 43.60 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 56 | 392.44 | 7.01 | 6.222 | 392.44 | 43.60 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 5 | 13 | \$ 2,345.93 | \$ 180.46 | 1.444 | \$ 469.19 | \$ 260.66 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|---|---|-------------|
| #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,497 |
| | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| | SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED | |

| 717 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|-----------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 709 | 17,625 | \$ 1,085,449.44 | \$ 61.59 | 24.582 | \$ 1530.96 | \$ 1513.88 |
| @PHYSICIANS SERVICES | 225 | 1,639 | \$ 46,996.81 | \$ 28.67 | 2.286 | \$ 208.87 | \$ 65.55 |

| | | | | | | | | |
|----------------------------|---|-------|----|------------|----------|-------|-----------|-------------|
| OUTPATIENT VISITS | 73 | 124 | | 6,704.17 | 54.07 | .173 | 91.84 | 9.35 |
| OFFICE VISITS | 25 | 40 | | 1,502.92 | 37.57 | .056 | 60.12 | 2.10 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 46 | 71 | | 4,869.22 | 68.58 | .099 | 105.85 | 6.79 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 12 | 13 | | 332.03 | 25.54 | .018 | 27.67 | .46 |
| INPATIENT VISITS | 33 | 159 | | 7,989.38 | 50.25 | .222 | 242.10 | 11.14 |
| HOSPITAL VISITS | 31 | 147 | | 7,002.58 | 47.64 | .205 | 225.89 | 9.77 |
| CRITICAL CARE | 2 | 7 | | 831.32 | 118.76 | .010 | 415.66 | 1.16 |
| SNF/ICF/TRANS IP CARE | 3 | 5 | | 155.48 | 31.10 | .007 | 51.83 | .22 |
| OPHTHALMOLOGICAL SERVICES | 5 | 5 | | 206.39 | 41.28 | .007 | 41.28 | .29 |
| EXAMINATIONS | 5 | 5 | | 206.39 | 41.28 | .007 | 41.28 | .29 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 13 | 39 | | 4,666.96 | 119.67 | .054 | 359.00 | 6.51 |
| PRINCIPAL SURGEON | 10 | 12 | | 3,749.76 | 312.48 | .017 | 374.98 | 5.23 |
| ASSISTANT SURGEON | 1 | 1 | | 91.59 | 91.59 | .001 | 91.59 | .13 |
| ANESTHESIOLOGIST | 5 | 26 | | 825.61 | 31.75 | .036 | 165.12 | 1.15 |
| OUTPATIENT SURGERY | 21 | 65 | | 6,596.03 | 101.48 | .091 | 314.10 | 9.20 |
| PRINCIPAL SURGEON | 19 | 25 | | 5,623.05 | 224.92 | .035 | 295.95 | 7.84 |
| ASSISTANT SURGEON | 1 | 1 | | 122.86 | 122.86 | .001 | 122.86 | .17 |
| ANESTHESIOLOGIST | 4 | 39 | | 850.12 | 21.80 | .054 | 212.53 | 1.19 |
| DIALYSIS | 17 | 122 | | 5,262.74 | 43.14 | .170 | 309.57 | 7.34 |
| PATHOLOGY | 15 | 99 | | 415.11 | 4.19 | .138 | 27.67 | .58 |
| RADIOLOGY | 58 | 119 | | 3,884.75 | 32.64 | .166 | 66.98 | 5.42 |
| PSYCHIATRY | 1 | 1 | | 43.42 | 43.42 | .001 | 43.42 | .06 |
| IMMUNIZATION AND INJECTION | 5 | 6 | | 221.14 | 36.86 | .008 | 44.23 | .31 |
| OTHER SERVICES/ALL X-OVERS | 137 | 900 | | 11,006.72 | 12.23 | 1.255 | 80.34 | 15.35 |
| @PHARMACY | 524 | 5,373 | \$ | 301,008.27 | \$ 56.02 | 7.494 | \$ 574.44 | \$ 419.82 |
| PRESCRIPTION DRUGS | 516 | 2,711 | | 292,173.38 | 107.77 | 3.781 | 566.23 | 407.49 |
| SNF/ICF | 63 | 391 | | 26,342.41 | 67.37 | .545 | 418.13 | 36.74 |
| OUTPATIENTS | 455 | 2,320 | | 265,830.97 | 114.58 | 3.236 | 584.24 | 370.75 |
| MEDICAL SUPPLIES | 74 | 2,662 | | 8,834.89 | 3.32 | 3.713 | 119.39 | 12.32 |
| @DENTIST | 57 | 218 | \$ | 10,621.00 | \$ 48.72 | .304 | \$ 186.33 | \$ 14.81 |
| VISITS - DIAGNOSTIC | 36 | 134 | | 2,322.00 | 17.33 | .187 | 64.50 | 3.24 |
| ORAL SURGERY | 4 | 30 | | 1,603.00 | 53.43 | .042 | 400.75 | 2.24 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | 100.00 | .001 | 100.00 | .14 |
| PERIODONTICS | 2 | 3 | | 400.00 | 133.33 | .004 | 200.00 | .56 |
| ENDODONTICS | 3 | 3 | | 735.00 | 245.00 | .004 | 245.00 | 1.03 |
| RESTORATIVE DENTISTRY | 20 | 43 | | 4,496.00 | 104.56 | .060 | 224.80 | 6.27 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 2 | 3 | | 965.00 | 321.67 | .004 | 482.50 | 1.35 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 2 | 1 | | .00 | .00 | .001 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,498 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED | | | | | | | |

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|------------------|--------------|--------------|------------|-----------------------------|----------|--|--|
| 717 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | |
| @OPTOMETRIST | 20 | 70 | \$ 1,486.06 | \$ 21.23 | .098 | \$ 74.30 | \$ 2.07 | | |
| DIAGNOSTIC AND ANC. PROCED | 11 | 11 | 521.95 | 47.45 | .015 | 47.45 | .73 | | |

| | | | | | | | | |
|------------------------------|-----|-------|----|------------|---------|-------|----------|--------|
| EYE APPLIANCES | 20 | 59 | | 964.11 | 16.34 | .082 | 48.21 | 1.34 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 7 | 9 | \$ | 235.23 | 26.14 | .013 | 33.60 | .33 |
| MEDICINE/INJECTIONS | 2 | 3 | | 123.40 | 41.13 | .004 | 61.70 | .17 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 1 | 1 | | 17.30 | 17.30 | .001 | 17.30 | .02 |
| OTHER | 5 | 5 | | 94.53 | 18.91 | .007 | 18.91 | .13 |
| @HOME HEALTH AGENCY | 6 | 46 | \$ | 3,343.60 | 72.69 | .064 | 557.27 | 4.66 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 4 | 5 | \$ | 122.40 | 24.48 | .007 | 30.60 | .17 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 192 | 1,551 | \$ | 287,235.06 | 185.19 | 2.163 | 1496.02 | 400.61 |
| HOSP INPATIENT TOTAL | 29 | 202 | | 255,791.51 | 1266.29 | .282 | 8820.40 | 356.75 |
| HSC HOSPITALS | 11 | 98 | | 119,700.00 | 1221.43 | .137 | 10881.82 | 166.95 |
| NON-HSC HOSPITAL TOTAL | 9 | 59 | | 129,402.90 | 2193.27 | .082 | 14378.10 | 180.48 |
| ACCOMMODATIONS | 9 | 59 | | 60,424.80 | 1024.15 | .082 | 6713.87 | 84.27 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 59 | | 60,424.80 | 1024.15 | .082 | 6713.87 | 84.27 |
| ANCILLARIES | 9 | 0 | | 68,978.10 | .00 | .000 | 7664.23 | 96.20 |
| INPATIENT CROSSOVERS | 9 | 45 | | 6,688.61 | 148.64 | .063 | 743.18 | 9.33 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 180 | 1,349 | | 31,443.55 | 23.31 | 1.881 | 174.69 | 43.85 |
| MEDICAL | 30 | 58 | | 1,581.10 | 27.26 | .081 | 52.70 | 2.21 |
| SURGERY | 12 | 16 | | 1,057.42 | 66.09 | .022 | 88.12 | 1.47 |
| PATHOLOGY | 93 | 609 | | 6,980.46 | 11.46 | .849 | 75.06 | 9.74 |
| RADIOLOGY | 41 | 85 | | 8,574.12 | 100.87 | .119 | 209.12 | 11.96 |
| ROOM USE | 62 | 100 | | 3,919.97 | 39.20 | .139 | 63.23 | 5.47 |
| CROSSOVERS/ALL OTH OUTPTNT | 112 | 481 | | 9,330.48 | 19.40 | .671 | 83.31 | 13.01 |
| @COUNTY HOSPITAL TOTAL | 32 | 149 | \$ | 3,220.64 | 21.62 | .208 | 100.65 | 4.49 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 14 | | 812.00 | 58.00 | .020 | 812.00 | 1.13 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 14 | | 812.00 | 58.00 | .020 | 812.00 | 1.13 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 31 | 135 | | 2,408.64 | 17.84 | .188 | 77.70 | 3.36 |
| MEDICAL | 5 | 7 | | 150.88 | 21.55 | .010 | 30.18 | .21 |
| SURGERY | 4 | 4 | | 273.81 | 68.45 | .006 | 68.45 | .38 |
| PATHOLOGY | 4 | 25 | | 128.49 | 5.14 | .035 | 32.12 | .18 |
| RADIOLOGY | 3 | 5 | | 425.69 | 85.14 | .007 | 141.90 | .59 |
| ROOM USE | 12 | 16 | | 534.59 | 33.41 | .022 | 44.55 | .75 |
| CROSSOVERS/ALL OTH OUTPTNT | 20 | 78 | | 895.18 | 11.48 | .109 | 44.76 | 1.25 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,499
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----
717 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|---|-----------------|----|------------|--------------|----------|------------|-------------|
| @COMMUNITY HOSPITAL TOTAL | 172 | 1,402 | \$ | 284,014.42 | \$ 202.58 | 1.955 | \$ 1651.25 | \$ 396.11 |
| COMM HOSP INPATIENT TOTAL | 28 | 188 | | 254,979.51 | 1356.27 | .262 | 9106.41 | 355.62 |
| HSC HOSPITALS | 11 | 98 | | 119,700.00 | 1221.43 | .137 | 10881.82 | 166.95 |
| NON-HSC HOSPITALS TOTAL | 9 | 59 | | 129,402.90 | 2193.27 | .082 | 14378.10 | 180.48 |
| ACCOMMODATIONS | 9 | 59 | | 60,424.80 | 1024.15 | .082 | 6713.87 | 84.27 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 59 | | 60,424.80 | 1024.15 | .082 | 6713.87 | 84.27 |
| ANCILLARIES | 9 | 0 | | 68,978.10 | .00 | .000 | 7664.23 | 96.20 |
| INPATIENT CROSSOVERS | 8 | 31 | | 5,876.61 | 189.57 | .043 | 734.58 | 8.20 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 160 | 1,214 | | 29,034.91 | 23.92 | 1.693 | 181.47 | 40.49 |
| MEDICAL | 25 | 51 | | 1,430.22 | 28.04 | .071 | 57.21 | 1.99 |
| SURGERY | 9 | 12 | | 783.61 | 65.30 | .017 | 87.07 | 1.09 |
| PATHOLOGY | 89 | 584 | | 6,851.97 | 11.73 | .815 | 76.99 | 9.56 |
| RADIOLOGY | 38 | 80 | | 8,148.43 | 101.86 | .112 | 214.43 | 11.36 |
| ROOM USE | 52 | 84 | | 3,385.38 | 40.30 | .117 | 65.10 | 4.72 |
| CROSSOVERS/ALL OTH OUTPTNT | 95 | 403 | | 8,435.30 | 20.93 | .562 | 88.79 | 11.76 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 65 | 2,250 | \$ | 310,829.67 | \$ 138.15 | 3.138 | \$ 4781.99 | \$ 433.51 |
| LEV A-INTERMEDIATE | 8 | 269 | | 18,469.32 | 68.66 | .375 | 2308.67 | 25.76 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 57 | 1,981 | | 292,360.35 | 147.58 | 2.763 | 5129.13 | 407.76 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 42 | 2,157 | \$ | 75,047.22 | \$ 34.79 | 3.008 | \$ 1786.84 | \$ 104.67 |
| HOSPITAL BASED | 2 | 42 | | 5,882.06 | 140.05 | .059 | 2941.03 | 8.20 |
| HEMODIALYSIS CENTER | 40 | 2,115 | | 69,165.16 | 32.70 | 2.950 | 1729.13 | 96.46 |
| @REHABILITATION FACILITY | 6 | 31 | \$ | 722.90 | \$ 23.32 | .043 | \$ 120.48 | \$ 1.01 |
| HOSPITAL BASED | 6 | 31 | | 722.90 | 23.32 | .043 | 120.48 | 1.01 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 23 | 172 | \$ | 2,018.41 | \$ 11.73 | .240 | \$ 87.76 | \$ 2.82 |
| PATHOLOGY | 23 | 172 | | 2,018.41 | 11.73 | .240 | 87.76 | 2.82 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 93 | 139 | \$ | 10,005.20 | \$ 71.98 | .194 | \$ 107.58 | \$ 13.95 |
| CLINIC | 1 | 4 | | 165.00 | 41.25 | .006 | 165.00 | .23 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 92 | 135 | | 9,840.20 | 72.89 | .188 | 106.96 | 13.72 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,500 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED | | | | | | | |

| | 717 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------|---------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 100 | 3,965 | \$ | 35,777.61 | \$ 9.02 | 5.530 | \$ 357.78 | \$ 49.90 |
| DURABLE MED. EQUIP. | 11 | 90 | | 11,296.20 | 125.51 | .126 | 1026.93 | 15.75 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-------|---------------|-----------|-------|------------|-----------|
| HEARING AID DISPENSERS | 4 | 12 | 1,190.93 | 99.24 | .017 | 297.73 | 1.66 |
| MEDICAL TRANSPORTATION | 16 | 374 | 5,025.06 | 13.44 | .522 | 314.07 | 7.01 |
| AMBULANCES/AIR TRANS | 13 | 352 | 4,755.98 | 13.51 | .491 | 365.84 | 6.63 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 22 | 269.08 | 12.23 | .031 | 89.69 | .38 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 22 | 48 | 559.36 | 11.65 | .067 | 25.43 | .78 |
| PHYSICAL THERAPIST | 1 | 1 | 1.39 | 1.39 | .001 | 1.39 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 5 | 60 | 6,671.89 | 111.20 | .084 | 1334.38 | 9.31 |
| PROSTHETICS | 5 | 60 | 6,671.89 | 111.20 | .084 | 1334.38 | 9.31 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 4 | 9 | 143.80 | 15.98 | .013 | 35.95 | .20 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 44 | 3,371 | 10,888.98 | 3.23 | 4.702 | 247.48 | 15.19 |
| @CALIF. CHILDREN SERVICES* | 25 | 485 | \$ 102,294.50 | \$ 210.92 | .676 | \$ 4091.78 | \$ 142.67 |
| @XOVER EXCLUDING STATE HOSP** | 185 | 2,954 | \$ 44,960.70 | \$ 15.22 | 4.120 | \$ 243.03 | \$ 62.71 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,501
01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

| 30,189 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|--------|-------------------------------------|-----------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 12,556 | 61,109 | \$ 4,736,323.79 | \$ 77.51 | 2.024 | \$ 377.22 | \$ 156.89 |
| @PHYSICIANS SERVICES | 4,390 | 10,362 | \$ 578,729.67 | \$ 55.85 | .343 | \$ 131.83 | \$ 19.17 |
| OUTPATIENT VISITS | 3,086 | 4,255 | 189,206.70 | 44.47 | .141 | 61.31 | 6.27 |
| OFFICE VISITS | 1,905 | 2,462 | 87,053.73 | 35.36 | .082 | 45.70 | 2.88 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,051 | 1,241 | 63,659.21 | 51.30 | .041 | 60.57 | 2.11 |
| PREVENTIVE CARE | 4 | 4 | 196.79 | 49.20 | .000 | 49.20 | .01 |
| OB VISITS/COMPRE PERI | 277 | 473 | 36,033.91 | 76.18 | .016 | 130.09 | 1.19 |
| OTHER OUTPATIENT | 66 | 75 | 2,263.06 | 30.17 | .002 | 34.29 | .07 |
| INPATIENT VISITS | 245 | 766 | 65,758.52 | 85.85 | .025 | 268.40 | 2.18 |
| HOSPITAL VISITS | 221 | 446 | 21,195.65 | 47.52 | .015 | 95.91 | .70 |
| CRITICAL CARE | 39 | 315 | 44,299.57 | 140.63 | .010 | 1135.89 | 1.47 |
| SNF/ICF/TRANS IP CARE | 1 | 5 | 263.30 | 52.66 | .000 | 263.30 | .01 |
| OPHTHALMOLOGICAL SERVICES | 20 | 31 | 1,366.86 | 44.09 | .001 | 68.34 | .05 |
| EXAMINATIONS | 20 | 31 | 1,366.86 | 44.09 | .001 | 68.34 | .05 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 344 | 1,141 | 191,212.70 | 167.58 | .038 | 555.85 | 6.33 |
| PRINCIPAL SURGEON | 231 | 257 | 159,345.69 | 620.02 | .009 | 689.81 | 5.28 |
| ASSISTANT SURGEON | 54 | 54 | 8,821.07 | 163.35 | .002 | 163.35 | .29 |
| ANESTHESIOLOGIST | 114 | 830 | 23,045.94 | 27.77 | .027 | 202.16 | .76 |
| OUTPATIENT SURGERY | 329 | 680 | 51,777.04 | 76.14 | .023 | 157.38 | 1.72 |
| PRINCIPAL SURGEON | 279 | 360 | 43,516.83 | 120.88 | .012 | 155.97 | 1.44 |
| ASSISTANT SURGEON | 2 | 2 | 293.72 | 146.86 | .000 | 146.86 | .01 |
| ANESTHESIOLOGIST | 86 | 318 | 7,966.49 | 25.05 | .011 | 92.63 | .26 |
| DIALYSIS | 7 | 20 | 2,442.12 | 122.11 | .001 | 348.87 | .08 |
| PATHOLOGY | 366 | 606 | 4,654.44 | 7.68 | .020 | 12.72 | .15 |
| RADIOLOGY | 1,149 | 1,664 | 44,329.01 | 26.64 | .055 | 38.58 | 1.47 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 80 | 207 | 1,791.47 | 8.65 | .007 | 22.39 | .06 |
| OTHER SERVICES/ALL X-OVERS | 385 | 992 | 26,190.81 | 26.40 | .033 | 68.03 | .87 |
| @PHARMACY | 6,436 | 17,352 | \$ 573,246.85 | \$ 33.04 | .575 | \$ 89.07 | \$ 18.99 |
| PRESCRIPTION DRUGS | 6,387 | 15,823 | 558,978.97 | 35.33 | .524 | 87.52 | 18.52 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 6,387 | 15,823 | 558,978.97 | 35.33 | .524 | 87.52 | 18.52 |
| MEDICAL SUPPLIES | 235 | 1,529 | 14,267.88 | 9.33 | .051 | 60.71 | .47 |
| @DENTIST | 1,298 | 6,247 | \$ 237,777.81 | \$ 38.06 | .207 | \$ 183.19 | \$ 7.88 |
| VISITS - DIAGNOSTIC | 959 | 3,836 | 63,679.31 | 16.60 | .127 | 66.40 | 2.11 |
| ORAL SURGERY | 156 | 320 | 20,814.00 | 65.04 | .011 | 133.42 | .69 |
| DRUGS | 50 | 54 | 1,251.00 | 23.17 | .002 | 25.02 | .04 |
| ANESTHESIA | 30 | 31 | 2,800.00 | 90.32 | .001 | 93.33 | .09 |
| PERIODONTICS | 30 | 31 | 4,373.00 | 141.06 | .001 | 145.77 | .14 |
| ENDODONTICS | 97 | 210 | 28,414.00 | 135.30 | .007 | 292.93 | .94 |
| RESTORATIVE DENTISTRY | 496 | 1,624 | 106,224.00 | 65.41 | .054 | 214.16 | 3.52 |
| PROSTHETICS | 3 | 4 | 120.00 | 30.00 | .000 | 40.00 | .00 |
| DENTURES, STAYPLATES | 12 | 89 | 6,844.00 | 76.90 | .003 | 570.33 | .23 |
| SPACE MAINTAINERS | 7 | 11 | 1,480.00 | 134.55 | .000 | 211.43 | .05 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 22 | 30 | 1,632.50 | 54.42 | .001 | 74.20 | .05 |
| ALL OTHER SERVICES | 7 | 7 | 146.00 | 20.86 | .000 | 20.86 | .00 |

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

| 30,189 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @OPTOMETRIST | 251 | 810 | \$ 17,627.36 | \$ 21.76 | .027 | \$ 70.23 | \$.58 |
| DIAGNOSTIC AND ANC. PROCED | 171 | 171 | 8,054.42 | 47.10 | .006 | 47.10 | .27 |
| EYE APPLIANCES | 225 | 638 | 9,535.44 | 14.95 | .021 | 42.38 | .32 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 37.50 | 37.50 | .000 | 37.50 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 14 | 19 | 400.04 | \$ 21.05 | .001 | \$ 28.57 | \$.01 |
| MEDICINE/INJECTIONS | 14 | 19 | 400.04 | 21.05 | .001 | 28.57 | .01 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 45 | 145 | \$ 9,870.64 | \$ 68.07 | .005 | \$ 219.35 | \$.33 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 3 | \$ 76.89 | \$ 25.63 | .000 | \$ 38.45 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 3,082 | 11,718 | \$ 2,439,397.99 | \$ 208.18 | .388 | \$ 791.50 | \$ 80.80 |
| HOSP INPATIENT TOTAL | 320 | 1,587 | 2,187,935.97 | 1378.66 | .053 | 6837.30 | 72.47 |
| HSC HOSPITALS | 71 | 819 | 1,039,777.57 | 1269.57 | .027 | 14644.75 | 34.44 |
| NON-HSC HOSPITAL TOTAL | 249 | 757 | 1,146,534.40 | 1514.58 | .025 | 4604.56 | 37.98 |
| ACCOMMODATIONS | 235 | 757 | 414,590.83 | 547.68 | .025 | 1764.22 | 13.73 |
| ADMINISTRATIVE DAYS | 2 | 7 | 1,619.10 | 231.30 | .000 | 809.55 | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 233 | 750 | 412,971.73 | 550.63 | .025 | 1772.41 | 13.68 |
| ANCILLARIES | 248 | 0 | 731,943.57 | .00 | .000 | 2951.39 | 24.25 |
| INPATIENT CROSSOVERS | 2 | 11 | 1,624.00 | 147.64 | .000 | 812.00 | .05 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2,885 | 10,131 | 251,462.02 | 24.82 | .336 | 87.16 | 8.33 |
| MEDICAL | 371 | 448 | 14,616.89 | 32.63 | .015 | 39.40 | .48 |
| SURGERY | 121 | 140 | 8,435.19 | 60.25 | .005 | 69.71 | .28 |
| PATHOLOGY | 1,561 | 5,205 | 62,977.41 | 12.10 | .172 | 40.34 | 2.09 |
| RADIOLOGY | 916 | 1,235 | 69,854.08 | 56.56 | .041 | 76.26 | 2.31 |
| ROOM USE | 1,254 | 1,638 | 71,421.04 | 43.60 | .054 | 56.95 | 2.37 |
| CROSSOVERS/ALL OTH OUTPTNT | 871 | 1,465 | 24,157.41 | 16.49 | .049 | 27.74 | .80 |
| @COUNTY HOSPITAL TOTAL | 174 | 1,057 | \$ 652,505.10 | \$ 617.32 | .035 | \$ 3750.03 | \$ 21.61 |
| CO HOSPITAL INPATIENT TOTAL | 21 | 469 | 630,128.03 | 1343.56 | .016 | 30006.10 | 20.87 |
| HSC HOSPITALS | 21 | 469 | 630,128.03 | 1343.56 | .016 | 30006.10 | 20.87 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 160 | 588 | 22,377.07 | 38.06 | .019 | 139.86 | .74 |
| MEDICAL | 41 | 52 | 3,067.86 | 59.00 | .002 | 74.83 | .10 |
| SURGERY | 15 | 22 | 2,039.77 | 92.72 | .001 | 135.98 | .07 |
| PATHOLOGY | 38 | 140 | 1,804.43 | 12.89 | .005 | 47.49 | .06 |
| RADIOLOGY | 44 | 93 | 6,823.94 | 73.38 | .003 | 155.09 | .23 |
| ROOM USE | 126 | 190 | 7,298.16 | 38.41 | .006 | 57.92 | .24 |

| | 30,189 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|------------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @COMMUNITY HOSPITAL TOTAL | 2,944 | 10,661 | \$ | 1,786,892.89 | \$ 167.61 | .353 | \$ 606.96 | \$ 59.19 |
| COMM HOSP INPATIENT TOTAL | 299 | 1,118 | | 1,557,807.94 | 1393.39 | .037 | 5210.06 | 51.60 |
| HSC HOSPITALS | 50 | 350 | | 409,649.54 | 1170.43 | .012 | 8192.99 | 13.57 |
| NON-HSC HOSPITALS TOTAL | 249 | 757 | | 1,146,534.40 | 1514.58 | .025 | 4604.56 | 37.98 |
| ACCOMMODATIONS | 235 | 757 | | 414,590.83 | 547.68 | .025 | 1764.22 | 13.73 |
| ADMINISTRATIVE DAYS | 2 | 7 | | 1,619.10 | 231.30 | .000 | 809.55 | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 233 | 750 | | 412,971.73 | 550.63 | .025 | 1772.41 | 13.68 |
| ANCILLARIES | 248 | 0 | | 731,943.57 | .00 | .000 | 2951.39 | 24.25 |
| INPATIENT CROSSTOVERS | 2 | 11 | | 1,624.00 | 147.64 | .000 | 812.00 | .05 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,757 | 9,543 | | 229,084.95 | 24.01 | .316 | 83.09 | 7.59 |
| MEDICAL | 331 | 396 | | 11,549.03 | 29.16 | .013 | 34.89 | .38 |
| SURGERY | 107 | 118 | | 6,395.42 | 54.20 | .004 | 59.77 | .21 |
| PATHOLOGY | 1,530 | 5,065 | | 61,172.98 | 12.08 | .168 | 39.98 | 2.03 |
| RADIOLOGY | 875 | 1,142 | | 63,030.14 | 55.19 | .038 | 72.03 | 2.09 |
| ROOM USE | 1,141 | 1,448 | | 64,122.88 | 44.28 | .048 | 56.20 | 2.12 |
| CROSSTOVERS/ALL OTH OUTPTNT | 827 | 1,374 | | 22,814.50 | 16.60 | .046 | 27.59 | .76 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 4 | 115 | \$ | 75,868.95 | \$ 659.73 | .004 | \$ 18967.24 | \$ 2.51 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 4 | 115 | | 75,868.95 | 659.73 | .004 | 18967.24 | 2.51 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 17 | 281 | \$ | 25,188.19 | \$ 89.64 | .009 | \$ 1481.66 | \$.83 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 17 | 281 | | 25,188.19 | 89.64 | .009 | 1481.66 | .83 |
| @REHABILITATION FACILITY | 9 | 36 | \$ | 922.72 | \$ 25.63 | .001 | \$ 102.52 | \$.03 |
| HOSPITAL BASED | 9 | 36 | | 922.72 | 25.63 | .001 | 102.52 | .03 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 711 | 1,598 | \$ | 31,279.65 | \$ 19.57 | .053 | \$ 43.99 | \$ 1.04 |
| PATHOLOGY | 711 | 1,598 | | 31,279.65 | 19.57 | .053 | 43.99 | 1.04 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3,939 | 7,114 | \$ | 645,191.04 | \$ 90.69 | .236 | \$ 163.80 | \$ 21.37 |
| CLINIC | 132 | 517 | | 14,570.55 | 28.18 | .017 | 110.38 | .48 |
| SURGICENTER | 1 | 1 | | 90.00 | 90.00 | .000 | 90.00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 3,826 | 6,596 | | 630,530.49 | 95.59 | .218 | 164.80 | 20.89 |

| 30,189 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 701 | 5,309 | \$ 100,745.99 | \$ 18.98 | .176 | \$ 143.72 | \$ 3.34 |
| DURABLE MED. EQUIP. | 35 | 66 | 30,447.83 | 461.33 | .002 | 869.94 | 1.01 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | 6 | 295.39 | 49.23 | .000 | 147.70 | .01 |
| MEDICAL TRANSPORTATION | 93 | 1,650 | 37,349.48 | 22.64 | .055 | 401.61 | 1.24 |
| AMBULANCES/AIR TRANS | 90 | 1,593 | 21,110.10 | 13.25 | .053 | 234.56 | .70 |
| OTHER TRANS | 1 | 48 | 39.38 | .82 | .002 | 39.38 | .00 |
| OTHER SERVICES | 9 | 9 | 16,200.00 | 1800.00 | .000 | 1800.00 | .54 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 171 | 172 | 13,393.00 | 77.87 | .006 | 78.32 | .44 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 237 | 543 | 5,057.53 | 9.31 | .018 | 21.34 | .17 |
| PHYSICAL THERAPIST | 28 | 40 | 3,011.76 | 75.29 | .001 | 107.56 | .10 |
| PORTABLE X-RAY | 1 | 2 | 60.26 | 30.13 | .000 | 60.26 | .00 |
| PROSTHETIST/ORTHOTISTS | 16 | 32 | 2,287.28 | 71.48 | .001 | 142.96 | .08 |
| PROSTHETICS | 16 | 32 | 2,287.28 | 71.48 | .001 | 142.96 | .08 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 7 | 29 | 5,025.68 | 173.30 | .001 | 717.95 | .17 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 129 | 756 | 3,613.01 | 4.78 | .025 | 28.01 | .12 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 2,013 | 204.77 | .10 | .067 | 102.39 | .01 |
| @CALIF. CHILDREN SERVICES* | 96 | 1,070 | \$ 753,115.49 | \$ 703.85 | .035 | \$ 7844.95 | \$ 24.95 |
| @XOVER EXCLUDING STATE HOSP** | 31 | 518 | \$ 11,495.99 | \$ 22.19 | .017 | \$ 370.84 | \$.38 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 10,505
01/17/03

| 33,758 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------|-------------------------------------|------------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 15,608 | 122,582 | \$ 10,751,114.36 | \$ 87.71 | 3.631 | \$ 688.82 | \$ 318.48 |
| @PHYSICIANS SERVICES | 5,110 | 14,023 | \$ 664,612.34 | \$ 47.39 | .415 | \$ 130.06 | \$ 19.69 |
| OUTPATIENT VISITS | 3,234 | 4,492 | 200,988.69 | 44.74 | .133 | 62.15 | 5.95 |
| OFFICE VISITS | 1,984 | 2,576 | 91,333.31 | 35.46 | .076 | 46.03 | 2.71 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,122 | 1,343 | 70,627.67 | 52.59 | .040 | 62.95 | 2.09 |
| PREVENTIVE CARE | 4 | 4 | 196.79 | 49.20 | .000 | 49.20 | .01 |
| OB VISITS/COMPRE PERI | 277 | 473 | 36,033.91 | 76.18 | .014 | 130.09 | 1.07 |
| OTHER OUTPATIENT | 83 | 96 | 2,797.01 | 29.14 | .003 | 33.70 | .08 |
| INPATIENT VISITS | 294 | 957 | 75,436.75 | 78.83 | .028 | 256.59 | 2.23 |
| HOSPITAL VISITS | 258 | 603 | 28,722.38 | 47.63 | .018 | 111.33 | .85 |
| CRITICAL CARE | 46 | 331 | 45,917.49 | 138.72 | .010 | 998.21 | 1.36 |
| SNF/ICF/TRANS IP CARE | 11 | 23 | 796.88 | 34.65 | .001 | 72.44 | .02 |
| OPHTHALMOLOGICAL SERVICES | 30 | 44 | 1,918.08 | 43.59 | .001 | 63.94 | .06 |

| | | | | | | | | | |
|----------------------------|-------|--------|----|--------------|----|--------|------|-----------|----------|
| EXAMINATIONS | 30 | 44 | | 1,918.08 | | 43.59 | .001 | 63.94 | .06 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 364 | 1,218 | | 200,511.70 | | 164.62 | .036 | 550.86 | 5.94 |
| PRINCIPAL SURGEON | 246 | 276 | | 166,595.04 | | 603.61 | .008 | 677.22 | 4.93 |
| ASSISTANT SURGEON | 56 | 56 | | 9,180.69 | | 163.94 | .002 | 163.94 | .27 |
| ANESTHESIOLOGIST | 123 | 886 | | 24,735.97 | | 27.92 | .026 | 201.11 | .73 |
| OUTPATIENT SURGERY | 362 | 795 | | 62,353.35 | | 78.43 | .024 | 172.25 | 1.85 |
| PRINCIPAL SURGEON | 308 | 396 | | 52,233.06 | | 131.90 | .012 | 169.59 | 1.55 |
| ASSISTANT SURGEON | 3 | 3 | | 416.58 | | 138.86 | .000 | 138.86 | .01 |
| ANESTHESIOLOGIST | 95 | 396 | | 9,703.71 | | 24.50 | .012 | 102.14 | .29 |
| DIALYSIS | 31 | 181 | | 9,643.54 | | 53.28 | .005 | 311.08 | .29 |
| PATHOLOGY | 397 | 746 | | 5,984.68 | | 8.02 | .022 | 15.07 | .18 |
| RADIOLOGY | 1,274 | 1,932 | | 53,591.03 | | 27.74 | .057 | 42.07 | 1.59 |
| PSYCHIATRY | 1 | 1 | | 43.42 | | 43.42 | .000 | 43.42 | .00 |
| IMMUNIZATION AND INJECTION | 88 | 229 | | 2,292.55 | | 10.01 | .007 | 26.05 | .07 |
| OTHER SERVICES/ALL X-OVERS | 915 | 3,428 | | 51,848.55 | | 15.13 | .102 | 56.67 | 1.54 |
| @PHARMACY | 8,727 | 33,233 | \$ | 1,388,820.97 | \$ | 41.79 | .984 | \$ 159.14 | \$ 41.14 |
| PRESCRIPTION DRUGS | 8,641 | 26,440 | | 1,351,341.58 | | 51.11 | .783 | 156.39 | 40.03 |
| SNF/ICF | 453 | 3,130 | | 193,280.09 | | 61.75 | .093 | 426.67 | 5.73 |
| OUTPATIENTS | 8,197 | 23,310 | | 1,158,061.49 | | 49.68 | .691 | 141.28 | 34.30 |
| MEDICAL SUPPLIES | 529 | 6,793 | | 37,479.39 | | 5.52 | .201 | 70.85 | 1.11 |
| @DENTIST | 1,468 | 6,924 | \$ | 276,267.42 | \$ | 39.90 | .205 | \$ 188.19 | \$ 8.18 |
| VISITS - DIAGNOSTIC | 1,077 | 4,246 | | 70,401.17 | | 16.58 | .126 | 65.37 | 2.09 |
| ORAL SURGERY | 184 | 412 | | 25,749.75 | | 62.50 | .012 | 139.94 | .76 |
| DRUGS | 50 | 54 | | 1,251.00 | | 23.17 | .002 | 25.02 | .04 |
| ANESTHESIA | 32 | 33 | | 3,000.00 | | 90.91 | .001 | 93.75 | .09 |
| PERIODONTICS | 39 | 43 | | 5,773.00 | | 134.26 | .001 | 148.03 | .17 |
| ENDODONTICS | 108 | 234 | | 33,719.00 | | 144.10 | .007 | 312.21 | 1.00 |
| RESTORATIVE DENTISTRY | 536 | 1,713 | | 115,688.00 | | 67.54 | .051 | 215.84 | 3.43 |
| PROSTHETICS | 4 | 5 | | 170.00 | | 34.00 | .000 | 42.50 | .01 |
| DENTURES, STAYPLATES | 32 | 135 | | 17,257.00 | | 127.83 | .004 | 539.28 | .51 |
| SPACE MAINTAINERS | 7 | 11 | | 1,480.00 | | 134.55 | .000 | 211.43 | .04 |

| | | | | | | | |
|-------------------------|----|----|----------|-------|------|-------|-----|
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 22 | 30 | 1,632.50 | 54.42 | .001 | 74.20 | .05 |
| ALL OTHER SERVICES | 9 | 8 | 146.00 | 18.25 | .000 | 16.22 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,506
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

| | 33,758 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 309 | | 997 | \$ 21,731.03 | \$ 21.80 | .030 | \$ 70.33 | \$.64 |
| DIAGNOSTIC AND ANC. PROCED | 201 | | 201 | 9,477.84 | 47.15 | .006 | 47.15 | .28 |
| EYE APPLIANCES | 280 | | 795 | 12,215.69 | 15.37 | .024 | 43.63 | .36 |
| OTHER OPTOMETRIC SERVICES | 1 | | 1 | 37.50 | 37.50 | .000 | 37.50 | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 41 | | 62 | \$ 899.47 | \$ 14.51 | .002 | \$ 21.94 | \$.03 |
| MEDICINE/INJECTIONS | 16 | | 22 | 523.44 | 23.79 | .001 | 32.72 | .02 |
| SURGERY/ANES. | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 1 | | 1 | 17.30 | 17.30 | .000 | 17.30 | .00 |
| OTHER | 25 | | 39 | 358.73 | 9.20 | .001 | 14.35 | .01 |
| @HOME HEALTH AGENCY | 58 | | 211 | \$ 14,507.34 | \$ 68.76 | .006 | \$ 250.13 | \$.43 |
| NURSE ANESTHESIST | 0 | | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 6 | | 8 | \$ 199.29 | \$ 24.91 | .000 | \$ 33.22 | \$.01 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 3,567 | | 14,455 | \$ 2,855,362.06 | \$ 197.53 | .428 | \$ 800.49 | \$ 84.58 |
| HOSP INPATIENT TOTAL | 385 | | 1,949 | 2,545,695.32 | 1306.15 | .058 | 6612.20 | 75.41 |
| HSC HOSPITALS | 85 | | 932 | 1,172,572.57 | 1258.13 | .028 | 13794.97 | 34.73 |
| NON-HSC HOSPITAL TOTAL | 266 | | 843 | 1,340,440.89 | 1590.08 | .025 | 5039.25 | 39.71 |
| ACCOMMODATIONS | 252 | | 843 | 498,079.00 | 590.84 | .025 | 1976.50 | 14.75 |
| ADMINISTRATIVE DAYS | 2 | | 7 | 1,588.32 | 226.90 | .000 | 794.16 | .05 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 250 | | 836 | 496,490.68 | 593.89 | .025 | 1985.96 | 14.71 |
| ANCILLARIES | 265 | | 0 | 842,361.89 | .00 | .000 | 3178.72 | 24.95 |
| INPATIENT CROSSOVERS | 36 | | 174 | 32,681.86 | 187.83 | .005 | 907.83 | .97 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3,338 | | 12,506 | 309,666.74 | 24.76 | .370 | 92.77 | 9.17 |
| MEDICAL | 417 | | 527 | 17,242.79 | 32.72 | .016 | 41.35 | .51 |
| SURGERY | 140 | | 164 | 10,269.56 | 62.62 | .005 | 73.35 | .30 |
| PATHOLOGY | 1,708 | | 6,017 | 72,624.56 | 12.07 | .178 | 42.52 | 2.15 |
| RADIOLOGY | 987 | | 1,371 | 82,153.64 | 59.92 | .041 | 83.24 | 2.43 |
| ROOM USE | 1,341 | | 1,780 | 76,885.12 | 43.19 | .053 | 57.33 | 2.28 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,207 | | 2,647 | 50,491.07 | 19.07 | .078 | 41.83 | 1.50 |
| @COUNTY HOSPITAL TOTAL | 216 | | 1,239 | \$ 657,121.04 | \$ 530.36 | .037 | \$ 3042.23 | \$ 19.47 |
| CO HOSPITAL INPATIENT TOTAL | 23 | | 489 | 631,752.03 | 1291.93 | .014 | 27467.48 | 18.71 |
| HSC HOSPITALS | 21 | | 469 | 630,128.03 | 1343.56 | .014 | 30006.10 | 18.67 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | | 20 | 1,624.00 | 81.20 | .001 | 812.00 | .05 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|-----|-----|-----------|-------|------|--------|-----|
| CO HOSP OUTPATIENT TOTAL | 200 | 750 | 25,369.01 | 33.83 | .022 | 126.85 | .75 |
| MEDICAL | 47 | 61 | 3,343.22 | 54.81 | .002 | 71.13 | .10 |
| SURGERY | 19 | 26 | 2,313.58 | 88.98 | .001 | 121.77 | .07 |
| PATHOLOGY | 44 | 172 | 2,015.21 | 11.72 | .005 | 45.80 | .06 |
| RADIOLOGY | 48 | 99 | 7,273.10 | 73.47 | .003 | 151.52 | .22 |
| ROOM USE | 144 | 215 | 8,056.78 | 37.47 | .006 | 55.95 | .24 |
| CROSSOVERS/ALL OTH OUTPTNT | 74 | 177 | 2,367.12 | 13.37 | .005 | 31.99 | .07 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,507
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

| | 33,758 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 3,400 | 13,216 | \$ | 2,198,241.02 | \$ 166.33 | .391 | \$ 646.54 | \$ 65.12 |
| COMM HOSP INPATIENT TOTAL | 362 | 1,460 | | 1,913,943.29 | 1310.92 | .043 | 5287.14 | 56.70 |
| HSC HOSPITALS | 64 | 463 | | 542,444.54 | 1171.59 | .014 | 8475.70 | 16.07 |
| NON-HSC HOSPITALS TOTAL | 266 | 843 | | 1,340,440.89 | 1590.08 | .025 | 5039.25 | 39.71 |
| ACCOMMODATIONS | 252 | 843 | | 498,079.00 | 590.84 | .025 | 1976.50 | 14.75 |
| ADMINISTRATIVE DAYS | 2 | 7 | | 1,588.32 | 226.90 | .000 | 794.16 | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 250 | 836 | | 496,490.68 | 593.89 | .025 | 1985.96 | 14.71 |
| ANCILLARIES | 265 | 0 | | 842,361.89 | .00 | .000 | 3178.72 | 24.95 |
| INPATIENT CROSSOVERS | 34 | 154 | | 31,057.86 | 201.67 | .005 | 913.47 | .92 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3,182 | 11,756 | | 284,297.73 | 24.18 | .348 | 89.35 | 8.42 |
| MEDICAL | 371 | 466 | | 13,899.57 | 29.83 | .014 | 37.47 | .41 |
| SURGERY | 123 | 138 | | 7,955.98 | 57.65 | .004 | 64.68 | .24 |
| PATHOLOGY | 1,671 | 5,845 | | 70,609.35 | 12.08 | .173 | 42.26 | 2.09 |
| RADIOLOGY | 942 | 1,272 | | 74,880.54 | 58.87 | .038 | 79.49 | 2.22 |
| ROOM USE | 1,213 | 1,565 | | 68,828.34 | 43.98 | .046 | 56.74 | 2.04 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,141 | 2,470 | | 48,123.95 | 19.48 | .073 | 42.18 | 1.43 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 751 | 26,713 | \$ | 4,463,773.55 | \$ 167.10 | .791 | \$ 5943.77 | \$ 132.23 |
| LEV A-INTERMEDIATE | 8 | 269 | | 18,469.32 | 68.66 | .008 | 2308.67 | .55 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 7 | 190 | | 105,687.50 | 556.25 | .006 | 15098.21 | 3.13 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 738 | 26,254 | | 4,339,616.73 | 165.29 | .778 | 5880.24 | 128.55 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 124 | 3,452 | \$ | 168,951.86 | \$ 48.94 | .102 | \$ 1362.52 | \$ 5.00 |
| HOSPITAL BASED | 2 | 42 | | 5,882.06 | 140.05 | .001 | 2941.03 | .17 |
| HEMODIALYSIS CENTER | 122 | 3,410 | | 163,069.80 | 47.82 | .101 | 1336.64 | 4.83 |
| @REHABILITATION FACILITY | 15 | 67 | \$ | 1,645.62 | \$ 24.56 | .002 | \$ 109.71 | \$.05 |
| HOSPITAL BASED | 15 | 67 | | 1,645.62 | 24.56 | .002 | 109.71 | .05 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 762 | 1,898 | \$ | 34,808.92 | \$ 18.34 | .056 | \$ 45.68 | \$ 1.03 |
| PATHOLOGY | 761 | 1,896 | | 34,781.32 | 18.34 | .056 | 45.70 | 1.03 |
| XO AND OTHERS | 1 | 2 | | 27.60 | 13.80 | .000 | 27.60 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 4,195 | 7,547 | \$ | 672,039.96 | \$ 89.05 | .224 | \$ 160.20 | \$ 19.91 |
| CLINIC | 134 | 536 | | 15,024.00 | 28.03 | .016 | 112.12 | .45 |

| | | | | | | | |
|---------------------|-------|-------|------------|-------|------|--------|-------|
| SURGICENTER | 1 | 1 | 90.00 | 90.00 | .000 | 90.00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 4,081 | 7,010 | 656,925.96 | 93.71 | .208 | 160.97 | 19.46 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 10,508
 01/17/03

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| 33,758 ELIGIBLES | | | | | | | |
| @ALL OTHER PROVIDERS | 1,005 | 12,992 | \$ 187,494.53 | \$ 14.43 | .385 | \$ 186.56 | \$ 5.55 |
| DURABLE MED. EQUIP. | 51 | 473 | 47,408.23 | 100.23 | .014 | 929.57 | 1.40 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 6 | 18 | 1,486.32 | 82.57 | .001 | 247.72 | .04 |
| MEDICAL TRANSPORTATION | 156 | 2,428 | 46,673.38 | 19.22 | .072 | 299.19 | 1.38 |
| AMBULANCES/AIR TRANS | 114 | 2,016 | 27,332.21 | 13.56 | .060 | 239.76 | .81 |
| OTHER TRANS | 12 | 126 | 432.82 | 3.44 | .004 | 36.07 | .01 |
| OTHER SERVICES | 39 | 286 | 18,908.35 | 66.11 | .008 | 484.83 | .56 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 171 | 172 | 13,393.00 | 77.87 | .005 | 78.32 | .40 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 302 | 684 | 6,799.87 | 9.94 | .020 | 22.52 | .20 |
| PHYSICAL THERAPIST | 29 | 41 | 3,013.15 | 73.49 | .001 | 103.90 | .09 |
| PORTABLE X-RAY | 6 | 20 | 206.61 | 10.33 | .001 | 34.44 | .01 |
| PROSTHETIST/ORTHOTISTS | 21 | 92 | 8,959.17 | 97.38 | .003 | 426.63 | .27 |
| PROSTHETICS | 21 | 92 | 8,959.17 | 97.38 | .003 | 426.63 | .27 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 17 | 52 | 7,175.75 | 138.00 | .002 | 422.10 | .21 |
| HOSPICE SERVICES | 13 | 305 | 32,687.88 | 107.17 | .009 | 2514.45 | .97 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 130 | 812 | 4,005.45 | 4.93 | .024 | 30.81 | .12 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 142 | 7,895 | 15,685.72 | 1.99 | .234 | 110.46 | .46 |
| @CALIF. CHILDREN SERVICES* | 121 | 1,555 | \$ 855,409.99 | \$ 550.10 | .046 | \$ 7069.50 | \$ 25.34 |
| @XOVER EXCLUDING STATE HOSP** | 866 | 8,223 | \$ 199,987.15 | \$ 24.32 | .244 | \$ 230.93 | \$ 5.92 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|--|--|-------------------------|
| #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 | PAGE 10,509 01/17/03 |
|--|--|-------------------------|

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| 1,910 ELIGIBLES | | | | | | | |
| @TOTAL, ALL PROVIDERS | 830 | 3,943 | \$ 237,483.65 | \$ 60.23 | 2.064 | \$ 286.12 | \$ 124.34 |
| @PHYSICIANS SERVICES | 289 | 706 | \$ 38,822.47 | \$ 54.99 | .370 | \$ 134.33 | \$ 20.33 |
| OUTPATIENT VISITS | 220 | 332 | 14,336.16 | 43.18 | .174 | 65.16 | 7.51 |
| OFFICE VISITS | 131 | 165 | 6,085.52 | 36.88 | .086 | 46.45 | 3.19 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 78 | 90 | 5,032.53 | 55.92 | .047 | 64.52 | 2.63 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 28 | 74 | 3,098.39 | 41.87 | .039 | 110.66 | 1.62 |

| | | | | | | | |
|----------------------------|---|-----|--------------|----------|------|-----------|-------------|
| OTHER OUTPATIENT | 3 | 3 | 119.72 | 39.91 | .002 | 39.91 | .06 |
| INPATIENT VISITS | 24 | 145 | 13,958.40 | 96.26 | .076 | 581.60 | 7.31 |
| HOSPITAL VISITS | 19 | 50 | 2,379.01 | 47.58 | .026 | 125.21 | 1.25 |
| CRITICAL CARE | 6 | 95 | 11,579.39 | 121.89 | .050 | 1929.90 | 6.06 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 169.11 | 56.37 | .002 | 56.37 | .09 |
| EXAMINATIONS | 3 | 3 | 169.11 | 56.37 | .002 | 56.37 | .09 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 15 | 48 | 4,232.74 | 88.18 | .025 | 282.18 | 2.22 |
| PRINCIPAL SURGEON | 10 | 12 | 2,833.50 | 236.13 | .006 | 283.35 | 1.48 |
| ASSISTANT SURGEON | 2 | 2 | 373.00 | 186.50 | .001 | 186.50 | .20 |
| ANESTHESIOLOGIST | 5 | 34 | 1,026.24 | 30.18 | .018 | 205.25 | .54 |
| OUTPATIENT SURGERY | 8 | 10 | 883.31 | 88.33 | .005 | 110.41 | .46 |
| PRINCIPAL SURGEON | 8 | 9 | 853.45 | 94.83 | .005 | 106.68 | .45 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 1 | 29.86 | 29.86 | .001 | 29.86 | .02 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 23 | 40 | 294.27 | 7.36 | .021 | 12.79 | .15 |
| RADIOLOGY | 66 | 91 | 2,906.35 | 31.94 | .048 | 44.04 | 1.52 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 3 | 6 | 84.15 | 14.03 | .003 | 28.05 | .04 |
| OTHER SERVICES/ALL X-OVERS | 18 | 31 | 1,957.98 | 63.16 | .016 | 108.78 | 1.03 |
| @PHARMACY | 403 | 985 | \$ 30,990.70 | \$ 31.46 | .516 | \$ 76.90 | \$ 16.23 |
| PRESCRIPTION DRUGS | 398 | 948 | 29,720.88 | 31.35 | .496 | 74.68 | 15.56 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 398 | 948 | 29,720.88 | 31.35 | .496 | 74.68 | 15.56 |
| MEDICAL SUPPLIES | 25 | 37 | 1,269.82 | 34.32 | .019 | 50.79 | .66 |
| @DENTIST | 85 | 489 | \$ 11,550.00 | \$ 23.62 | .256 | \$ 135.88 | \$ 6.05 |
| VISITS - DIAGNOSTIC | 69 | 350 | 4,941.50 | 14.12 | .183 | 71.62 | 2.59 |
| ORAL SURGERY | 4 | 10 | 790.00 | 79.00 | .005 | 197.50 | .41 |
| DRUGS | 2 | 2 | 50.00 | 25.00 | .001 | 25.00 | .03 |
| ANESTHESIA | 2 | 2 | 111.00 | 55.50 | .001 | 55.50 | .06 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 5 | 6 | 637.25 | 106.21 | .003 | 127.45 | .33 |
| RESTORATIVE DENTISTRY | 33 | 115 | 4,894.75 | 42.56 | .060 | 148.33 | 2.56 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | 52.50 | 26.25 | .001 | 26.25 | .03 |
| ALL OTHER SERVICES | 3 | 2 | 73.00 | 36.50 | .001 | 24.33 | .04 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,510 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 | | | | | | |

| 1,910 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 22 | 65 | \$ 1,427.64 | \$ 21.96 | .034 | \$ 64.89 | \$.75 |
| DIAGNOSTIC AND ANC. PROCED | 15 | 17 | 731.51 | 43.03 | .009 | 48.77 | .38 |
| EYE APPLIANCES | 19 | 48 | 696.13 | 14.50 | .025 | 36.64 | .36 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 1 | 2 | \$ 33.44 | \$ 16.72 | .001 | \$ 33.44 | \$.02 |
| VISITS | 1 | 2 | 33.44 | 16.72 | .001 | 33.44 | .02 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 1 | 2 | \$ 19.35 | \$ 9.68 | .001 | \$ 19.35 | \$.01 |

| | | | | | | | | |
|------------------------------|-----|-----|----|------------|-----------|------|-----------|----------|
| MEDICINE/INJECTIONS | 1 | 1 | | 10.70 | 10.70 | .001 | 10.70 | .01 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 1 | 1 | | 8.65 | 8.65 | .001 | 8.65 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 6 | 10 | \$ | 524.95 | \$ 52.50 | .005 | \$ 87.49 | \$.27 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 198 | 822 | \$ | 109,040.59 | \$ 132.65 | .430 | \$ 550.71 | \$ 57.09 |
| HOSP INPATIENT TOTAL | 18 | 91 | | 90,906.80 | 998.98 | .048 | 5050.38 | 47.60 |
| HSC HOSPITALS | 7 | 45 | | 44,262.03 | 983.60 | .024 | 6323.15 | 23.17 |
| NON-HSC HOSPITAL TOTAL | 11 | 46 | | 46,644.77 | 1014.02 | .024 | 4240.43 | 24.42 |
| ACCOMMODATIONS | 11 | 46 | | 23,646.15 | 514.05 | .024 | 2149.65 | 12.38 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 11 | 46 | | 23,646.15 | 514.05 | .024 | 2149.65 | 12.38 |
| ANCILLARIES | 11 | 0 | | 22,998.62 | .00 | .000 | 2090.78 | 12.04 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 188 | 731 | | 18,133.79 | 24.81 | .383 | 96.46 | 9.49 |
| MEDICAL | 28 | 34 | | 1,303.65 | 38.34 | .018 | 46.56 | .68 |
| SURGERY | 3 | 3 | | 168.08 | 56.03 | .002 | 56.03 | .09 |
| PATHOLOGY | 98 | 393 | | 4,311.07 | 10.97 | .206 | 43.99 | 2.26 |
| RADIOLOGY | 46 | 56 | | 3,539.50 | 63.21 | .029 | 76.95 | 1.85 |
| ROOM USE | 106 | 139 | | 6,786.12 | 48.82 | .073 | 64.02 | 3.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 64 | 106 | | 2,025.37 | 19.11 | .055 | 31.65 | 1.06 |
| @COUNTY HOSPITAL TOTAL | 22 | 58 | \$ | 5,643.54 | \$ 97.30 | .030 | \$ 256.52 | \$ 2.95 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 3 | | 3,752.00 | 1250.67 | .002 | 1876.00 | 1.96 |
| HSC HOSPITALS | 2 | 3 | | 3,752.00 | 1250.67 | .002 | 1876.00 | 1.96 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|--|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 21 | 55 | 1,891.54 | 34.39 | .029 | 90.07 | .99 |
| MEDICAL | 3 | 3 | 197.98 | 65.99 | .002 | 65.99 | .10 |
| SURGERY | 1 | 1 | 34.82 | 34.82 | .001 | 34.82 | .02 |
| PATHOLOGY | 4 | 13 | 245.84 | 18.91 | .007 | 61.46 | .13 |
| RADIOLOGY | 2 | 2 | 173.42 | 86.71 | .001 | 86.71 | .09 |
| ROOM USE | 16 | 22 | 1,076.94 | 48.95 | .012 | 67.31 | .56 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 14 | 162.54 | 11.61 | .007 | 18.06 | .09 |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,511 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 | | | | | | | |
| ----- MONTHLY AVERAGE ----- | | | | | | | |
| 1,910 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 181 | 764 | \$ 103,397.05 | \$ 135.34 | .400 | \$ 571.25 | \$ 54.13 |
| COMM HOSP INPATIENT TOTAL | 16 | 88 | 87,154.80 | 990.40 | .046 | 5447.18 | 45.63 |
| HSC HOSPITALS | 5 | 42 | 40,510.03 | 964.52 | .022 | 8102.01 | 21.21 |
| NON-HSC HOSPITALS TOTAL | 11 | 46 | 46,644.77 | 1014.02 | .024 | 4240.43 | 24.42 |
| ACCOMMODATIONS | 11 | 46 | 23,646.15 | 514.05 | .024 | 2149.65 | 12.38 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 11 | 46 | 23,646.15 | 514.05 | .024 | 2149.65 | 12.38 |
| ANCILLARIES | 11 | 0 | 22,998.62 | .00 | .000 | 2090.78 | 12.04 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 172 | 676 | 16,242.25 | 24.03 | .354 | 94.43 | 8.50 |
| MEDICAL | 25 | 31 | 1,105.67 | 35.67 | .016 | 44.23 | .58 |
| SURGERY | 2 | 2 | 133.26 | 66.63 | .001 | 66.63 | .07 |
| PATHOLOGY | 96 | 380 | 4,065.23 | 10.70 | .199 | 42.35 | 2.13 |
| RADIOLOGY | 44 | 54 | 3,366.08 | 62.33 | .028 | 76.50 | 1.76 |
| ROOM USE | 90 | 117 | 5,709.18 | 48.80 | .061 | 63.44 | 2.99 |
| CROSSOVERS/ALL OTH OUTPTNT | 57 | 92 | 1,862.83 | 20.25 | .048 | 32.68 | .98 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | | |
|------------------------------|-----|-----|----|-----------|----|-------|--|------|----|--------|----|-------|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 32 | 71 | \$ | 1,530.53 | \$ | 21.56 | | .037 | \$ | 47.83 | \$ | .80 |
| PATHOLOGY | 32 | 71 | | 1,530.53 | | 21.56 | | .037 | | 47.83 | | .80 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 251 | 422 | \$ | 36,686.78 | \$ | 86.94 | | .221 | \$ | 146.16 | \$ | 19.21 |
| CLINIC | 13 | 63 | | 1,433.75 | | 22.76 | | .033 | | 110.29 | | .75 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 242 | 359 | | 35,253.03 | | 98.20 | | .188 | | 145.67 | | 18.46 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,512
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

| 1,910 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|----|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 54 | 369 | \$ | 6,857.20 | \$ 18.58 | .193 | \$ 126.99 | \$ 3.59 |
| DURABLE MED. EQUIP. | 2 | 5 | | 1,007.80 | 201.56 | .003 | 503.90 | .53 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 5 | 236 | | 3,831.05 | 16.23 | .124 | 766.21 | 2.01 |
| AMBULANCES/AIR TRANS | 5 | 236 | | 3,831.05 | 16.23 | .124 | 766.21 | 2.01 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 10 | 10 | | 787.00 | 78.70 | .005 | 78.70 | .41 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 19 | 41 | | 394.33 | 9.62 | .021 | 20.75 | .21 |
| PHYSICAL THERAPIST | 1 | 1 | | 88.69 | 88.69 | .001 | 88.69 | .05 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 17 | 76 | | 748.33 | 9.85 | .040 | 44.02 | .39 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 13 | 22 | \$ | 94.72CR | \$ 4.31CR | .012 | \$ 7.29CR | \$.05CR |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,513
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC

| 19 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|----|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 51 | 246 | \$ | 17,747.22 | \$ 72.14 | 12.947 | \$ 347.98 | \$ 934.06 |
| @PHYSICIANS SERVICES | 17 | 33 | \$ | 1,526.58 | \$ 46.26 | 1.737 | \$ 89.80 | \$ 80.35 |

| | | | | | | | | |
|----------------------------|---|-----|----|----------|----------|-------|-----------|-------------|
| OUTPATIENT VISITS | 9 | 17 | | 914.44 | 53.79 | .895 | 101.60 | 48.13 |
| OFFICE VISITS | 5 | 8 | | 367.01 | 45.88 | .421 | 73.40 | 19.32 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 6 | 9 | | 547.43 | 60.83 | .474 | 91.24 | 28.81 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 2 | | 96.47 | 48.24 | .105 | 96.47 | 5.08 |
| HOSPITAL VISITS | 1 | 2 | | 96.47 | 48.24 | .105 | 96.47 | 5.08 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 2 | 7 | | 325.02 | 46.43 | .368 | 162.51 | 17.11 |
| PRINCIPAL SURGEON | 1 | 1 | | 264.00 | 264.00 | .053 | 264.00 | 13.89 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 6 | | 61.02 | 10.17 | .316 | 61.02 | 3.21 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | | 2.82 | 2.82 | .053 | 2.82 | .15 |
| RADIOLOGY | 5 | 6 | | 187.83 | 31.31 | .316 | 37.57 | 9.89 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 10 | 22 | \$ | 665.45 | \$ 30.25 | 1.158 | \$ 66.55 | \$ 35.02 |
| PRESCRIPTION DRUGS | 9 | 21 | | 649.16 | 30.91 | 1.105 | 72.13 | 34.17 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 9 | 21 | | 649.16 | 30.91 | 1.105 | 72.13 | 34.17 |
| MEDICAL SUPPLIES | 1 | 1 | | 16.29 | 16.29 | .053 | 16.29 | .86 |
| @DENTIST | 15 | 108 | \$ | 3,038.00 | \$ 28.13 | 5.684 | \$ 202.53 | \$ 159.89 |
| VISITS - DIAGNOSTIC | 12 | 47 | | 514.00 | 10.94 | 2.474 | 42.83 | 27.05 |
| ORAL SURGERY | 2 | 3 | | 45.00 | 15.00 | .158 | 22.50 | 2.37 |
| DRUGS | 2 | 2 | | 50.00 | 25.00 | .105 | 25.00 | 2.63 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 2 | 9 | | 568.00 | 63.11 | .474 | 284.00 | 29.89 |
| RESTORATIVE DENTISTRY | 8 | 47 | | 1,861.00 | 39.60 | 2.474 | 232.63 | 97.95 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,514 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 45 MIC - SOC | | | | | | | |
| | AID CODE | | | | | | | |

| | | | | | | | |
|------------------------------|----|----|--------------|-----------|-------|-----------|-----------|
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 20 | 79 | \$ 12,191.15 | \$ 154.32 | 4.158 | \$ 609.56 | \$ 641.64 |
| HOSP INPATIENT TOTAL | 3 | 5 | 9,966.59 | 1993.32 | .263 | 3322.20 | 524.56 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 3 | 5 | 9,966.59 | 1993.32 | .263 | 3322.20 | 524.56 |
| ACCOMMODATIONS | 3 | 5 | 2,337.75 | 467.55 | .263 | 779.25 | 123.04 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 3 | 5 | 2,337.75 | 467.55 | .263 | 779.25 | 123.04 |
| ANCILLARIES | 3 | 0 | 7,628.84 | .00 | .000 | 2542.95 | 401.52 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 17 | 74 | 2,224.56 | 30.06 | 3.895 | 130.86 | 117.08 |
| MEDICAL | 1 | 1 | 19.13 | 19.13 | .053 | 19.13 | 1.01 |
| SURGERY | 0 | 0 | 18.00 | .00 | .000 | .00 | .95 |
| PATHOLOGY | 10 | 44 | 505.77 | 11.49 | 2.316 | 50.58 | 26.62 |
| RADIOLOGY | 7 | 8 | 1,146.40 | 143.30 | .421 | 163.77 | 60.34 |
| ROOM USE | 6 | 8 | 269.03 | 33.63 | .421 | 44.84 | 14.16 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 13 | 266.23 | 20.48 | .684 | 53.25 | 14.01 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,515
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
19 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|----|-----------------|----|-----------|--------------|----------|-----------|-----------|
| @COMMUNITY HOSPITAL TOTAL | 20 | 79 | \$ | 12,191.15 | \$ 154.32 | 4.158 | \$ 609.56 | \$ 641.64 |
| COMM HOSP INPATIENT TOTAL | 3 | 5 | | 9,966.59 | 1993.32 | .263 | 3322.20 | 524.56 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 3 | 5 | | 9,966.59 | 1993.32 | .263 | 3322.20 | 524.56 |
| ACCOMMODATIONS | 3 | 5 | | 2,337.75 | 467.55 | .263 | 779.25 | 123.04 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 3 | 5 | | 2,337.75 | 467.55 | .263 | 779.25 | 123.04 |
| ANCILLARIES | 3 | 0 | | 7,628.84 | .00 | .000 | 2542.95 | 401.52 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 17 | 74 | | 2,224.56 | 30.06 | 3.895 | 130.86 | 117.08 |
| MEDICAL | 1 | 1 | | 19.13 | 19.13 | .053 | 19.13 | 1.01 |
| SURGERY | 0 | 0 | | 18.00 | .00 | .000 | .00 | .95 |
| PATHOLOGY | 10 | 44 | | 505.77 | 11.49 | 2.316 | 50.58 | 26.62 |
| RADIOLOGY | 7 | 8 | | 1,146.40 | 143.30 | .421 | 163.77 | 60.34 |
| ROOM USE | 6 | 8 | | 269.03 | 33.63 | .421 | 44.84 | 14.16 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 13 | | 266.23 | 20.48 | .684 | 53.25 | 14.01 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|--------|----|-------|------|----------|----------|
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 4 | 4 | \$ | 326.04 | \$ | 81.51 | .211 | \$ 81.51 | \$ 17.16 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 4 | 4 | | 326.04 | | 81.51 | .211 | 81.51 | 17.16 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,516
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

| 19 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,517
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

| 1,929 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 881 | 4,189 | \$ 255,230.87 | \$ 60.93 | 2.172 | \$ 289.71 | \$ 132.31 |
| @PHYSICIANS SERVICES | 306 | 739 | \$ 40,349.05 | \$ 54.60 | .383 | \$ 131.86 | \$ 20.92 |
| OUTPATIENT VISITS | 229 | 349 | 15,250.60 | 43.70 | .181 | 66.60 | 7.91 |
| OFFICE VISITS | 136 | 173 | 6,452.53 | 37.30 | .090 | 47.45 | 3.35 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 84 | 99 | 5,579.96 | 56.36 | .051 | 66.43 | 2.89 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 28 | 74 | 3,098.39 | 41.87 | .038 | 110.66 | 1.61 |
| OTHER OUTPATIENT | 3 | 3 | 119.72 | 39.91 | .002 | 39.91 | .06 |
| INPATIENT VISITS | 25 | 147 | 14,054.87 | 95.61 | .076 | 562.19 | 7.29 |
| HOSPITAL VISITS | 20 | 52 | 2,475.48 | 47.61 | .027 | 123.77 | 1.28 |
| CRITICAL CARE | 6 | 95 | 11,579.39 | 121.89 | .049 | 1929.90 | 6.00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 169.11 | 56.37 | .002 | 56.37 | .09 |
| EXAMINATIONS | 3 | 3 | 169.11 | 56.37 | .002 | 56.37 | .09 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 15 | 48 | 4,232.74 | 88.18 | .025 | 282.18 | 2.19 |
| PRINCIPAL SURGEON | 10 | 12 | 2,833.50 | 236.13 | .006 | 283.35 | 1.47 |
| ASSISTANT SURGEON | 2 | 2 | 373.00 | 186.50 | .001 | 186.50 | .19 |
| ANESTHESIOLOGIST | 5 | 34 | 1,026.24 | 30.18 | .018 | 205.25 | .53 |
| OUTPATIENT SURGERY | 10 | 17 | 1,208.33 | 71.08 | .009 | 120.83 | .63 |
| PRINCIPAL SURGEON | 9 | 10 | 1,117.45 | 111.75 | .005 | 124.16 | .58 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 7 | 90.88 | 12.98 | .004 | 45.44 | .05 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 24 | 41 | 297.09 | 7.25 | .021 | 12.38 | .15 |
| RADIOLOGY | 71 | 97 | 3,094.18 | 31.90 | .050 | 43.58 | 1.60 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 3 | 6 | 84.15 | 14.03 | .003 | 28.05 | .04 |
| OTHER SERVICES/ALL X-OVERS | 18 | 31 | 1,957.98 | 63.16 | .016 | 108.78 | 1.02 |
| @PHARMACY | 413 | 1,007 | \$ 31,656.15 | \$ 31.44 | .522 | \$ 76.65 | \$ 16.41 |
| PRESCRIPTION DRUGS | 407 | 969 | 30,370.04 | 31.34 | .502 | 74.62 | 15.74 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 407 | 969 | 30,370.04 | 31.34 | .502 | 74.62 | 15.74 |
| MEDICAL SUPPLIES | 26 | 38 | 1,286.11 | 33.85 | .020 | 49.47 | .67 |
| @DENTIST | 100 | 597 | \$ 14,588.00 | \$ 24.44 | .309 | \$ 145.88 | \$ 7.56 |
| VISITS - DIAGNOSTIC | 81 | 397 | 5,455.50 | 13.74 | .206 | 67.35 | 2.83 |
| ORAL SURGERY | 6 | 13 | 835.00 | 64.23 | .007 | 139.17 | .43 |
| DRUGS | 4 | 4 | 100.00 | 25.00 | .002 | 25.00 | .05 |
| ANESTHESIA | 2 | 2 | 111.00 | 55.50 | .001 | 55.50 | .06 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 7 | 15 | 1,205.25 | 80.35 | .008 | 172.18 | .62 |
| RESTORATIVE DENTISTRY | 41 | 162 | 6,755.75 | 41.70 | .084 | 164.77 | 3.50 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | 52.50 | 26.25 | .001 | 26.25 | .03 |
| ALL OTHER SERVICES | 3 | 2 | 73.00 | 36.50 | .001 | 24.33 | .04 |

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

| 1,929 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @OPTOMETRIST | 22 | 65 | \$ 1,427.64 | \$ 21.96 | .034 | \$ | 64.89 | \$.74 |
| DIAGNOSTIC AND ANC. PROCED | 15 | 17 | 731.51 | 43.03 | .009 | | 48.77 | .38 |
| EYE APPLIANCES | 19 | 48 | 696.13 | 14.50 | .025 | | 36.64 | .36 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 1 | 2 | \$ 33.44 | \$ 16.72 | .001 | \$ | 33.44 | \$.02 |
| VISITS | 1 | 2 | 33.44 | 16.72 | .001 | | 33.44 | .02 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 1 | 2 | \$ 19.35 | \$ 9.68 | .001 | \$ | 19.35 | \$.01 |
| MEDICINE/INJECTIONS | 1 | 1 | 10.70 | 10.70 | .001 | | 10.70 | .01 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 1 | 1 | 8.65 | 8.65 | .001 | | 8.65 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HOME HEALTH AGENCY | 6 | 10 | \$ 524.95 | \$ 52.50 | .005 | \$ | 87.49 | \$.27 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 218 | 901 | \$ 121,231.74 | \$ 134.55 | .467 | \$ | 556.11 | \$ 62.85 |
| HOSP INPATIENT TOTAL | 21 | 96 | 100,873.39 | 1050.76 | .050 | | 4803.49 | 52.29 |
| HSC HOSPITALS | 7 | 45 | 44,262.03 | 983.60 | .023 | | 6323.15 | 22.95 |
| NON-HSC HOSPITAL TOTAL | 14 | 51 | 56,611.36 | 1110.03 | .026 | | 4043.67 | 29.35 |
| ACCOMMODATIONS | 14 | 51 | 25,983.90 | 509.49 | .026 | | 1855.99 | 13.47 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 14 | 51 | 25,983.90 | 509.49 | .026 | | 1855.99 | 13.47 |
| ANCILLARIES | 14 | 0 | 30,627.46 | .00 | .000 | | 2187.68 | 15.88 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 205 | 805 | 20,358.35 | 25.29 | .417 | | 99.31 | 10.55 |
| MEDICAL | 29 | 35 | 1,322.78 | 37.79 | .018 | | 45.61 | .69 |
| SURGERY | 3 | 3 | 186.08 | 62.03 | .002 | | 62.03 | .10 |
| PATHOLOGY | 108 | 437 | 4,816.84 | 11.02 | .227 | | 44.60 | 2.50 |
| RADIOLOGY | 53 | 64 | 4,685.90 | 73.22 | .033 | | 88.41 | 2.43 |
| ROOM USE | 112 | 147 | 7,055.15 | 47.99 | .076 | | 62.99 | 3.66 |
| CROSSOVERS/ALL OTH OUTPTNT | 69 | 119 | 2,291.60 | 19.26 | .062 | | 33.21 | 1.19 |
| @COUNTY HOSPITAL TOTAL | 22 | 58 | \$ 5,643.54 | \$ 97.30 | .030 | \$ | 256.52 | \$ 2.93 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 3 | 3,752.00 | 1250.67 | .002 | | 1876.00 | 1.95 |
| HSC HOSPITALS | 2 | 3 | 3,752.00 | 1250.67 | .002 | | 1876.00 | 1.95 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 21 | 55 | 1,891.54 | 34.39 | .029 | | 90.07 | .98 |
| MEDICAL | 3 | 3 | 197.98 | 65.99 | .002 | | 65.99 | .10 |
| SURGERY | 1 | 1 | 34.82 | 34.82 | .001 | | 34.82 | .02 |
| PATHOLOGY | 4 | 13 | 245.84 | 18.91 | .007 | | 61.46 | .13 |
| RADIOLOGY | 2 | 2 | 173.42 | 86.71 | .001 | | 86.71 | .09 |
| ROOM USE | 16 | 22 | 1,076.94 | 48.95 | .011 | | 67.31 | .56 |

| 1,929 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|---|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 201 | 843 | \$ 115,588.20 | \$ 137.12 | .437 | \$ 575.07 | \$ 59.92 |
| COMM HOSP INPATIENT TOTAL | 19 | 93 | 97,121.39 | 1044.32 | .048 | 5111.65 | 50.35 |
| HSC HOSPITALS | 5 | 42 | 40,510.03 | 964.52 | .022 | 8102.01 | 21.00 |
| NON-HSC HOSPITALS TOTAL | 14 | 51 | 56,611.36 | 1110.03 | .026 | 4043.67 | 29.35 |
| ACCOMMODATIONS | 14 | 51 | 25,983.90 | 509.49 | .026 | 1855.99 | 13.47 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 14 | 51 | 25,983.90 | 509.49 | .026 | 1855.99 | 13.47 |
| ANCILLARIES | 14 | 0 | 30,627.46 | .00 | .000 | 2187.68 | 15.88 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 189 | 750 | 18,466.81 | 24.62 | .389 | 97.71 | 9.57 |
| MEDICAL | 26 | 32 | 1,124.80 | 35.15 | .017 | 43.26 | .58 |
| SURGERY | 2 | 2 | 151.26 | 75.63 | .001 | 75.63 | .08 |
| PATHOLOGY | 106 | 424 | 4,571.00 | 10.78 | .220 | 43.12 | 2.37 |
| RADIOLOGY | 51 | 62 | 4,512.48 | 72.78 | .032 | 88.48 | 2.34 |
| ROOM USE | 96 | 125 | 5,978.21 | 47.83 | .065 | 62.27 | 3.10 |
| CROSSOVERS/ALL OTH OUTPTNT | 62 | 105 | 2,129.06 | 20.28 | .054 | 34.34 | 1.10 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 32 | 71 | \$ 1,530.53 | \$ 21.56 | .037 | \$ 47.83 | \$.79 |
| PATHOLOGY | 32 | 71 | 1,530.53 | 21.56 | .037 | 47.83 | .79 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 255 | 426 | \$ 37,012.82 | \$ 86.88 | .221 | \$ 145.15 | \$ 19.19 |
| CLINIC | 13 | 63 | 1,433.75 | 22.76 | .033 | 110.29 | .74 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 246 | 363 | 35,579.07 | 98.01 | .188 | 144.63 | 18.44 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,520 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN | | | | | | |

| 1,929 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 54 | 369 | \$ 6,857.20 | \$ 18.58 | .191 | \$ 126.99 | \$ 3.55 |
| DURABLE MED. EQUIP. | 2 | 5 | 1,007.80 | 201.56 | .003 | 503.90 | .52 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 5 | 236 | 3,831.05 | 16.23 | .122 | 766.21 | 1.99 |
| AMBULANCES/AIR TRANS | 5 | 236 | 3,831.05 | 16.23 | .122 | 766.21 | 1.99 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 10 | 10 | 787.00 | 78.70 | .005 | 78.70 | .41 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 19 | 41 | 394.33 | 9.62 | .021 | 20.75 | .20 |
| PHYSICAL THERAPIST | 1 | 1 | 88.69 | 88.69 | .001 | 88.69 | .05 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 17 | 76 | 748.33 | 9.85 | .039 | 44.02 | .39 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 13 | 22 | \$ 94.72CR | \$ 4.31CR | .011 | \$ 7.29CR | .05CR |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,521
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,522
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,523
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|---------------------|---|---|-----|-----|------|-----|-----|
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,524
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,525
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 101 | 565 | \$ 77,610.00 | \$ 137.36 | 5.280 | \$ 768.42 | \$ 725.33 |
| @PHYSICIANS SERVICES | 50 | 154 | \$ 14,342.68 | \$ 93.13 | 1.439 | \$ 286.85 | \$ 134.04 |
| OUTPATIENT VISITS | 24 | 37 | 2,807.70 | 75.88 | .346 | 116.99 | 26.24 |
| OFFICE VISITS | 7 | 7 | 365.97 | 52.28 | .065 | 52.28 | 3.42 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3 | 3 | 157.55 | 52.52 | .028 | 52.52 | 1.47 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 17 | 27 | 2,284.18 | 84.60 | .252 | 134.36 | 21.35 |

| | | | | | | | |
|----------------------------|----|----|-------------|----------|------|-----------|---------|
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 6 | 10 | 381.06 | 38.11 | .093 | 63.51 | 3.56 |
| HOSPITAL VISITS | 6 | 10 | 381.06 | 38.11 | .093 | 63.51 | 3.56 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 16 | 73 | 10,053.55 | 137.72 | .682 | 628.35 | 93.96 |
| PRINCIPAL SURGEON | 12 | 14 | 8,253.62 | 589.54 | .131 | 687.80 | 77.14 |
| ASSISTANT SURGEON | 4 | 4 | 621.12 | 155.28 | .037 | 155.28 | 5.80 |
| ANESTHESIOLOGIST | 6 | 55 | 1,178.81 | 21.43 | .514 | 196.47 | 11.02 |
| OUTPATIENT SURGERY | 3 | 8 | 388.64 | 48.58 | .075 | 129.55 | 3.63 |
| PRINCIPAL SURGEON | 2 | 4 | 278.78 | 69.70 | .037 | 139.39 | 2.61 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 4 | 109.86 | 27.47 | .037 | 54.93 | 1.03 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 5 | 23.04 | 4.61 | .047 | 7.68 | .22 |
| RADIOLOGY | 13 | 14 | 635.69 | 45.41 | .131 | 48.90 | 5.94 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 5 | 29.92 | 5.98 | .047 | 14.96 | .28 |
| OTHER SERVICES/ALL X-OVERS | 2 | 2 | 23.08 | 11.54 | .019 | 11.54 | .22 |
| @PHARMACY | 27 | 72 | \$ 1,036.20 | \$ 14.39 | .673 | \$ 38.38 | \$ 9.68 |
| PRESCRIPTION DRUGS | 27 | 72 | 1,036.20 | 14.39 | .673 | 38.38 | 9.68 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 27 | 72 | 1,036.20 | 14.39 | .673 | 38.38 | 9.68 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 2 | 5 | \$ 312.50 | \$ 62.50 | .047 | \$ 156.25 | \$ 2.92 |
| VISITS - DIAGNOSTIC | 1 | 3 | 65.00 | 21.67 | .028 | 65.00 | .61 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 2 | 247.50 | 123.75 | .019 | 247.50 | 2.31 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,526 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT | | | | | | |
| | | | | | AID CODE | | |
| | | | | | | ----- MONTHLY AVERAGE ----- | |
| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 1 | 4 \$ | 90.30 | \$ 22.58 | .037 | \$ 90.30 | \$.84 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .009 | 47.45 | .44 |
| EYE APPLIANCES | 1 | 3 | 42.85 | 14.28 | .028 | 42.85 | .40 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 1 | 1 \$ | 15.30 | \$ 15.30 | .009 | \$ 15.30 | \$.14 |
| MEDICINE/INJECTIONS | 1 | 1 | 15.30 | 15.30 | .009 | 15.30 | .14 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 2 | 3 \$ | 179.85 | \$ 59.95 | .028 | \$ 89.93 | \$ 1.68 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 46 | 155 \$ | 48,901.58 | \$ 315.49 | 1.449 | \$ 1063.08 | \$ 457.02 |
| HOSP INPATIENT TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| ACCOMMODATIONS | 9 | 43 | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 43 | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ANCILLARIES | 9 | 0 | 27,323.13 | .00 | .000 | 3035.90 | 255.36 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 40 | 112 | 2,076.05 | 18.54 | 1.047 | 51.90 | 19.40 |
| MEDICAL | 2 | 2 | 94.66 | 47.33 | .019 | 47.33 | .88 |
| SURGERY | 1 | 1 | 76.62 | 76.62 | .009 | 76.62 | .72 |
| PATHOLOGY | 27 | 77 | 749.26 | 9.73 | .720 | 27.75 | 7.00 |
| RADIOLOGY | 8 | 8 | 352.80 | 44.10 | .075 | 44.10 | 3.30 |
| ROOM USE | 3 | 4 | 411.37 | 102.84 | .037 | 137.12 | 3.84 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 20 | 391.34 | 19.57 | .187 | 78.27 | 3.66 |
| @COUNTY HOSPITAL TOTAL | 5 | 23 \$ | 552.09 | \$ 24.00 | .215 | \$ 110.42 | \$ 5.16 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|----|--------|--------|------|--------|------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 5 | 23 | 552.09 | 24.00 | .215 | 110.42 | 5.16 |
| MEDICAL | 1 | 1 | 16.63 | 16.63 | .009 | 16.63 | .16 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 22.80 | 11.40 | .019 | 22.80 | .21 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 138.25 | 138.25 | .009 | 138.25 | 1.29 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 19 | 374.41 | 19.71 | .178 | 93.60 | 3.50 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,527
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 41 | 132 | \$ 48,349.49 | \$ 366.28 | 1.234 | \$ 1179.26 | \$ 451.86 |
| COMM HOSP INPATIENT TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| ACCOMMODATIONS | 9 | 43 | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 43 | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ANCILLARIES | 9 | 0 | 27,323.13 | .00 | .000 | 3035.90 | 255.36 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 35 | 89 | 1,523.96 | 17.12 | .832 | 43.54 | 14.24 |
| MEDICAL | 1 | 1 | 78.03 | 78.03 | .009 | 78.03 | .73 |
| SURGERY | 1 | 1 | 76.62 | 76.62 | .009 | 76.62 | .72 |
| PATHOLOGY | 26 | 75 | 726.46 | 9.69 | .701 | 27.94 | 6.79 |
| RADIOLOGY | 8 | 8 | 352.80 | 44.10 | .075 | 44.10 | 3.30 |
| ROOM USE | 2 | 3 | 273.12 | 91.04 | .028 | 136.56 | 2.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 16.93 | 16.93 | .009 | 16.93 | .16 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|----|-----|----|-----------|----|-------|-------|-----------|-----------|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 13 | 26 | \$ | 662.24 | \$ | 25.47 | .243 | \$ 50.94 | \$ 6.19 |
| PATHOLOGY | 13 | 26 | | 662.24 | | 25.47 | .243 | 50.94 | 6.19 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 36 | 132 | \$ | 11,284.33 | \$ | 85.49 | 1.234 | \$ 313.45 | \$ 105.46 |
| CLINIC | 3 | 25 | | 659.70 | | 26.39 | .234 | 219.90 | 6.17 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 33 | 107 | | 10,624.63 | | 99.30 | 1.000 | 321.96 | 99.30 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,528
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 11 | 13 | \$ 785.02 | \$ 60.39 | .121 | \$ 71.37 | \$ 7.34 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 9 | 9 | 591.00 | 65.67 | .084 | 65.67 | 5.52 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | 16.64 | 8.32 | .019 | 16.64 | .16 |
| PHYSICAL THERAPIST | 2 | 2 | 177.38 | 88.69 | .019 | 88.69 | 1.66 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,529 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC | |

| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 101 | 565 | \$ 77,610.00 | \$ 137.36 | 5.280 | \$ 768.42 | \$ 725.33 |
| @PHYSICIANS SERVICES | 50 | 154 | \$ 14,342.68 | \$ 93.13 | 1.439 | \$ 286.85 | \$ 134.04 |

| | | | | | | | |
|----------------------------|----|----|-------------|----------|------|-----------|---------|
| OUTPATIENT VISITS | 24 | 37 | 2,807.70 | 75.88 | .346 | 116.99 | 26.24 |
| OFFICE VISITS | 7 | 7 | 365.97 | 52.28 | .065 | 52.28 | 3.42 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3 | 3 | 157.55 | 52.52 | .028 | 52.52 | 1.47 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 17 | 27 | 2,284.18 | 84.60 | .252 | 134.36 | 21.35 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 6 | 10 | 381.06 | 38.11 | .093 | 63.51 | 3.56 |
| HOSPITAL VISITS | 6 | 10 | 381.06 | 38.11 | .093 | 63.51 | 3.56 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 16 | 73 | 10,053.55 | 137.72 | .682 | 628.35 | 93.96 |
| PRINCIPAL SURGEON | 12 | 14 | 8,253.62 | 589.54 | .131 | 687.80 | 77.14 |
| ASSISTANT SURGEON | 4 | 4 | 621.12 | 155.28 | .037 | 155.28 | 5.80 |
| ANESTHESIOLOGIST | 6 | 55 | 1,178.81 | 21.43 | .514 | 196.47 | 11.02 |
| OUTPATIENT SURGERY | 3 | 8 | 388.64 | 48.58 | .075 | 129.55 | 3.63 |
| PRINCIPAL SURGEON | 2 | 4 | 278.78 | 69.70 | .037 | 139.39 | 2.61 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 4 | 109.86 | 27.47 | .037 | 54.93 | 1.03 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 5 | 23.04 | 4.61 | .047 | 7.68 | .22 |
| RADIOLOGY | 13 | 14 | 635.69 | 45.41 | .131 | 48.90 | 5.94 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 5 | 29.92 | 5.98 | .047 | 14.96 | .28 |
| OTHER SERVICES/ALL X-OVERS | 2 | 2 | 23.08 | 11.54 | .019 | 11.54 | .22 |
| @PHARMACY | 27 | 72 | \$ 1,036.20 | \$ 14.39 | .673 | \$ 38.38 | \$ 9.68 |
| PRESCRIPTION DRUGS | 27 | 72 | 1,036.20 | 14.39 | .673 | 38.38 | 9.68 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 27 | 72 | 1,036.20 | 14.39 | .673 | 38.38 | 9.68 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 2 | 5 | \$ 312.50 | \$ 62.50 | .047 | \$ 156.25 | \$ 2.92 |
| VISITS - DIAGNOSTIC | 1 | 3 | 65.00 | 21.67 | .028 | 65.00 | .61 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 2 | 247.50 | 123.75 | .019 | 247.50 | 2.31 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,530
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 1 | 4 | \$ 90.30 | \$ 22.58 | .037 | \$ 90.30 | \$.84 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .009 | 47.45 | .44 |

| | | | | | | | | |
|------------------------------|----|-----|----|-----------|-----------|-------|------------|-----------|
| EYE APPLIANCES | 1 | 3 | | 42.85 | 14.28 | .028 | 42.85 | .40 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 1 | 1 | \$ | 15.30 | \$ 15.30 | .009 | \$ 15.30 | \$.14 |
| MEDICINE/INJECTIONS | 1 | 1 | | 15.30 | 15.30 | .009 | 15.30 | .14 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 2 | 3 | \$ | 179.85 | \$ 59.95 | .028 | \$ 89.93 | \$ 1.68 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 46 | 155 | \$ | 48,901.58 | \$ 315.49 | 1.449 | \$ 1063.08 | \$ 457.02 |
| HOSP INPATIENT TOTAL | 9 | 43 | | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 9 | 43 | | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| ACCOMMODATIONS | 9 | 43 | | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 43 | | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ANCILLARIES | 9 | 0 | | 27,323.13 | .00 | .000 | 3035.90 | 255.36 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 40 | 112 | | 2,076.05 | 18.54 | 1.047 | 51.90 | 19.40 |
| MEDICAL | 2 | 2 | | 94.66 | 47.33 | .019 | 47.33 | .88 |
| SURGERY | 1 | 1 | | 76.62 | 76.62 | .009 | 76.62 | .72 |
| PATHOLOGY | 27 | 77 | | 749.26 | 9.73 | .720 | 27.75 | 7.00 |
| RADIOLOGY | 8 | 8 | | 352.80 | 44.10 | .075 | 44.10 | 3.30 |
| ROOM USE | 3 | 4 | | 411.37 | 102.84 | .037 | 137.12 | 3.84 |

| | | | | | | | | |
|-----------------------------|---|----|----|--------|----------|------|-----------|---------|
| CROSSEOVERS/ALL OTH OUTPTNT | 5 | 20 | | 391.34 | 19.57 | .187 | 78.27 | 3.66 |
| @COUNTY HOSPITAL TOTAL | 5 | 23 | \$ | 552.09 | \$ 24.00 | .215 | \$ 110.42 | \$ 5.16 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 5 | 23 | | 552.09 | 24.00 | .215 | 110.42 | 5.16 |
| MEDICAL | 1 | 1 | | 16.63 | 16.63 | .009 | 16.63 | .16 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | | 22.80 | 11.40 | .019 | 22.80 | .21 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | | 138.25 | 138.25 | .009 | 138.25 | 1.29 |
| CROSSEOVERS/ALL OTH OUTPTNT | 4 | 19 | | 374.41 | 19.71 | .178 | 93.60 | 3.50 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,531
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 41 | 132 | \$ 48,349.49 | \$ 366.28 | 1.234 | \$ 1179.26 | \$ 451.86 |
| COMM HOSP INPATIENT TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .402 | 5202.84 | 437.62 |
| ACCOMMODATIONS | 9 | 43 | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 9 | 43 | 19,502.40 | 453.54 | .402 | 2166.93 | 182.27 |
| ANCILLARIES | 9 | 0 | 27,323.13 | .00 | .000 | 3035.90 | 255.36 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 35 | 89 | 1,523.96 | 17.12 | .832 | 43.54 | 14.24 |
| MEDICAL | 1 | 1 | 78.03 | 78.03 | .009 | 78.03 | .73 |
| SURGERY | 1 | 1 | 76.62 | 76.62 | .009 | 76.62 | .72 |
| PATHOLOGY | 26 | 75 | 726.46 | 9.69 | .701 | 27.94 | 6.79 |
| RADIOLOGY | 8 | 8 | 352.80 | 44.10 | .075 | 44.10 | 3.30 |
| ROOM USE | 2 | 3 | 273.12 | 91.04 | .028 | 136.56 | 2.55 |
| CROSSEOVERS/ALL OTH OUTPTNT | 1 | 1 | 16.93 | 16.93 | .009 | 16.93 | .16 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | |
|------------------------------|---|-----|----|-----------|----|-------|-------|-----------|-----------|-------------|
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 13 | 26 | \$ | 662.24 | \$ | 25.47 | .243 | \$ 50.94 | \$ 6.19 | |
| PATHOLOGY | 13 | 26 | | 662.24 | | 25.47 | .243 | 50.94 | 6.19 | |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 36 | 132 | \$ | 11,284.33 | \$ | 85.49 | 1.234 | \$ 313.45 | \$ 105.46 | |
| CLINIC | 3 | 25 | | 659.70 | | 26.39 | .234 | 219.90 | 6.17 | |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 33 | 107 | | 10,624.63 | | 99.30 | 1.000 | 321.96 | 99.30 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | PAGE 10,532 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC | | | | | | | | | |

| 107 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 11 | 13 | \$ 785.02 | \$ 60.39 | .121 | \$ 71.37 | \$ 7.34 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 9 | 9 | 591.00 | 65.67 | .084 | 65.67 | 5.52 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | 16.64 | 8.32 | .019 | 16.64 | .16 |
| PHYSICAL THERAPIST | 2 | 2 | 177.38 | 88.69 | .019 | 88.69 | 1.66 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

| 16 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 18 | 759 | \$ 87,181.48 | \$ 114.86 | 47.438 | \$ 4843.42 | \$ 5448.84 |
| @PHYSICIANS SERVICES | 1 | 3 | \$ 95.00 | \$ 31.67 | .188 | \$ 95.00 | \$ 5.94 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 3 | 95.00 | 31.67 | .188 | 95.00 | 5.94 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 3 | 95.00 | 31.67 | .188 | 95.00 | 5.94 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 12 | 107 | \$ 7,993.34 | \$ 74.70 | 6.688 | \$ 666.11 | \$ 499.58 |
| PRESCRIPTION DRUGS | 12 | 106 | 7,943.94 | 74.94 | 6.625 | 662.00 | 496.50 |
| SNF/ICF | 12 | 106 | 7,943.94 | 74.94 | 6.625 | 662.00 | 496.50 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 1 | 1 | 49.40 | 49.40 | .063 | 49.40 | 3.09 |
| @DENTIST | 2 | 4 | \$ 105.00 | \$ 26.25 | .250 | \$ 52.50 | \$ 6.56 |
| VISITS - DIAGNOSTIC | 2 | 3 | 60.00 | 20.00 | .188 | 30.00 | 3.75 |
| ORAL SURGERY | 1 | 1 | 45.00 | 45.00 | .063 | 45.00 | 2.81 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

| 16 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 2 | \$ 67.50 | \$ 33.75 | .125 | \$ 33.75 | \$ 4.22 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 2 | 7 | \$ 102.51 | \$ 14.64 | .438 | \$ 51.26 | \$ 6.41 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 7 | 102.51 | 14.64 | .438 | 51.26 | 6.41 |
| MEDICAL | 1 | 1 | 20.30 | 20.30 | .063 | 20.30 | 1.27 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 5 | 48.89 | 9.78 | .313 | 48.89 | 3.06 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 33.32 | 33.32 | .063 | 33.32 | 2.08 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 1 | 2 | \$ 53.62 | \$ 26.81 | .125 | \$ 53.62 | \$ 3.35 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 2 | 53.62 | 26.81 | .125 | 53.62 | 3.35 |
| MEDICAL | 1 | 1 | 20.30 | 20.30 | .063 | 20.30 | 1.27 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 33.32 | 33.32 | .063 | 33.32 | 2.08 |

| 16 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODE | | | |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | ----- MONTHLY AVERAGE ----- | | | |
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1 | 5 | \$ 48.89 | \$ 9.78 | .313 | \$ 48.89 | \$ 3.06 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSTOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 5 | 48.89 | 9.78 | .313 | 48.89 | 3.06 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 5 | 48.89 | 9.78 | .313 | 48.89 | 3.06 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSTOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 15 | 612 | \$ 74,409.52 | \$ 121.58 | 38.250 | \$ 4960.63 | \$ 4650.60 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-----|-----------|-----------|--------|-----------|-------------|
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 15 | 612 | 74,409.52 | 121.58 | 38.250 | 4960.63 | 4650.60 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 3 | \$ 40.70 | \$ 13.57 | .188 | \$ 40.70 | \$ 2.54 |
| PATHOLOGY | 1 | 3 | 40.70 | 13.57 | .188 | 40.70 | 2.54 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2 | 2 | \$ 295.22 | \$ 147.61 | .125 | \$ 147.61 | \$ 18.45 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 2 | 2 | 295.22 | 147.61 | .125 | 147.61 | 18.45 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,536 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC | | | | | | |

| 16 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODE | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | ----- MONTHLY AVERAGE ----- | | | |
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 5 | 19 | \$ 4,072.69 | \$ 214.35 | 1.188 | \$ 814.54 | \$ 254.54 |
| DURABLE MED. EQUIP. | 3 | 15 | 3,946.09 | 263.07 | .938 | 1315.36 | 246.63 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 2 | 4 | 126.60 | 31.65 | .250 | 63.30 | 7.91 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,537
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,538
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,539
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|---------------------|---|---|-----|-----|------|-----|-----|
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,540
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,541

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

| 17 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 18 | 759 | \$ 87,181.48 | \$ 114.86 | 44.647 | \$ | 4843.42 | \$ 5128.32 |
| @PHYSICIANS SERVICES | 1 | 3 | \$ 95.00 | \$ 31.67 | .176 | \$ | 95.00 | \$ 5.59 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT VISITS | 1 | 3 | 95.00 | 31.67 | .176 | | 95.00 | 5.59 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 3 | 95.00 | 31.67 | .176 | | 95.00 | 5.59 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PHARMACY | 12 | 107 | \$ 7,993.34 | \$ 74.70 | 6.294 | \$ | 666.11 | \$ 470.20 |
| PRESCRIPTION DRUGS | 12 | 106 | 7,943.94 | 74.94 | 6.235 | | 662.00 | 467.29 |
| SNF/ICF | 12 | 106 | 7,943.94 | 74.94 | 6.235 | | 662.00 | 467.29 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| MEDICAL SUPPLIES | 1 | 1 | 49.40 | 49.40 | .059 | | 49.40 | 2.91 |
| @DENTIST | 2 | 4 | \$ 105.00 | \$ 26.25 | .235 | \$ | 52.50 | \$ 6.18 |
| VISITS - DIAGNOSTIC | 2 | 3 | 60.00 | 20.00 | .176 | | 30.00 | 3.53 |
| ORAL SURGERY | 1 | 1 | 45.00 | 45.00 | .059 | | 45.00 | 2.65 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,542
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

| 17 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 2 | \$ 67.50 | \$ 33.75 | .118 | \$ 33.75 | \$ 3.97 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 2 | 7 | \$ 102.51 | \$ 14.64 | .412 | \$ 51.26 | \$ 6.03 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 7 | 102.51 | 14.64 | .412 | 51.26 | 6.03 |
| MEDICAL | 1 | 1 | 20.30 | 20.30 | .059 | 20.30 | 1.19 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 5 | 48.89 | 9.78 | .294 | 48.89 | 2.88 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 33.32 | 33.32 | .059 | 33.32 | 1.96 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 1 | 2 | \$ 53.62 | \$ 26.81 | .118 | \$ 53.62 | \$ 3.15 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-------|-------|------|-------|------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 2 | 53.62 | 26.81 | .118 | 53.62 | 3.15 |
| MEDICAL | 1 | 1 | 20.30 | 20.30 | .059 | 20.30 | 1.19 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 33.32 | 33.32 | .059 | 33.32 | 1.96 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,543
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

| 17 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|-----------------------|
| @COMMUNITY HOSPITAL TOTAL | 1 | 5 | \$ 48.89 | \$ 9.78 | .294 | \$ 48.89 \$ 2.88 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 5 | 48.89 | 9.78 | .294 | 48.89 2.88 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| PATHOLOGY | 1 | 5 | 48.89 | 9.78 | .294 | 48.89 2.88 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| @NURSING FACILITY | 15 | 612 | \$ 74,409.52 | \$ 121.58 | 36.000 | \$ 4960.63 \$ 4377.03 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| LEV B-REGULAR | 15 | 612 | 74,409.52 | 121.58 | 36.000 | 4960.63 4377.03 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 .00 |

| | | | | | | | | | | | | |
|------------------------------|---|---|----|--------|----|--------|--|------|----|--------|----|-------|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1 | 3 | \$ | 40.70 | \$ | 13.57 | | .176 | \$ | 40.70 | \$ | 2.39 |
| PATHOLOGY | 1 | 3 | | 40.70 | | 13.57 | | .176 | | 40.70 | | 2.39 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2 | 2 | \$ | 295.22 | \$ | 147.61 | | .118 | \$ | 147.61 | \$ | 17.37 |
| CLINIC | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 2 | 2 | | 295.22 | | 147.61 | | .118 | | 147.61 | | 17.37 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,544
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

| 17 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 5 | 19 | \$ 4,072.69 | \$ 214.35 | 1.118 | \$ 814.54 | \$ 239.57 |
| DURABLE MED. EQUIP. | 3 | 15 | 3,946.09 | 263.07 | .882 | 1315.36 | 232.12 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 2 | 4 | 126.60 | 31.65 | .235 | 63.30 | 7.45 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,545 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 53 FOR FUTURE USE | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|--------|--------|------|--------|--------|
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,546
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,547
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,548
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,549
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

| 124 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 119 | 1,324 | \$ 164,791.48 | \$ 124.46 | 10.677 | \$ 1384.80 | \$ 1328.96 |
| @PHYSICIANS SERVICES | 51 | 157 | \$ 14,437.68 | \$ 91.96 | 1.266 | \$ 283.09 | \$ 116.43 |
| OUTPATIENT VISITS | 24 | 37 | 2,807.70 | 75.88 | .298 | 116.99 | 22.64 |
| OFFICE VISITS | 7 | 7 | 365.97 | 52.28 | .056 | 52.28 | 2.95 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3 | 3 | 157.55 | 52.52 | .024 | 52.52 | 1.27 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 17 | 27 | 2,284.18 | 84.60 | .218 | 134.36 | 18.42 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 7 | 13 | 476.06 | 36.62 | .105 | 68.01 | 3.84 |
| HOSPITAL VISITS | 6 | 10 | 381.06 | 38.11 | .081 | 63.51 | 3.07 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 3 | 95.00 | 31.67 | .024 | 95.00 | .77 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 16 | 73 | 10,053.55 | 137.72 | .589 | 628.35 | 81.08 |
| PRINCIPAL SURGEON | 12 | 14 | 8,253.62 | 589.54 | .113 | 687.80 | 66.56 |
| ASSISTANT SURGEON | 4 | 4 | 621.12 | 155.28 | .032 | 155.28 | 5.01 |
| ANESTHESIOLOGIST | 6 | 55 | 1,178.81 | 21.43 | .444 | 196.47 | 9.51 |
| OUTPATIENT SURGERY | 3 | 8 | 388.64 | 48.58 | .065 | 129.55 | 3.13 |
| PRINCIPAL SURGEON | 2 | 4 | 278.78 | 69.70 | .032 | 139.39 | 2.25 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 4 | 109.86 | 27.47 | .032 | 54.93 | .89 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 5 | 23.04 | 4.61 | .040 | 7.68 | .19 |
| RADIOLOGY | 13 | 14 | 635.69 | 45.41 | .113 | 48.90 | 5.13 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 5 | 29.92 | 5.98 | .040 | 14.96 | .24 |
| OTHER SERVICES/ALL X-OVERS | 2 | 2 | 23.08 | 11.54 | .016 | 11.54 | .19 |
| @PHARMACY | 39 | 179 | \$ 9,029.54 | \$ 50.44 | 1.444 | \$ 231.53 | \$ 72.82 |
| PRESCRIPTION DRUGS | 39 | 178 | 8,980.14 | 50.45 | 1.435 | 230.26 | 72.42 |
| SNF/ICF | 12 | 106 | 7,943.94 | 74.94 | .855 | 662.00 | 64.06 |
| OUTPATIENTS | 27 | 72 | 1,036.20 | 14.39 | .581 | 38.38 | 8.36 |
| MEDICAL SUPPLIES | 1 | 1 | 49.40 | 49.40 | .008 | 49.40 | .40 |
| @DENTIST | 4 | 9 | \$ 417.50 | \$ 46.39 | .073 | \$ 104.38 | \$ 3.37 |
| VISITS - DIAGNOSTIC | 3 | 6 | 125.00 | 20.83 | .048 | 41.67 | 1.01 |
| ORAL SURGERY | 1 | 1 | 45.00 | 45.00 | .008 | 45.00 | .36 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 2 | 247.50 | 123.75 | .016 | 247.50 | 2.00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

| 124 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER COST PER ELIGIBLE |
| @OPTOMETRIST | 1 | 4 | \$ 90.30 | \$ 22.58 | .032 | \$ 90.30 \$.73 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .008 | 47.45 .38 |
| EYE APPLIANCES | 1 | 3 | 42.85 | 14.28 | .024 | 42.85 .35 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| @PODIATRIST | 1 | 1 | \$ 15.30 | \$ 15.30 | .008 | \$ 15.30 \$.12 |
| MEDICINE/INJECTIONS | 1 | 1 | 15.30 | 15.30 | .008 | 15.30 .12 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| @HOME HEALTH AGENCY | 2 | 3 | \$ 179.85 | \$ 59.95 | .024 | \$ 89.93 \$ 1.45 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 2 | \$ 67.50 | \$ 33.75 | .016 | \$ 33.75 \$.54 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | .00 .00 |
| @TOTAL HOSPITAL | 48 | 162 | \$ 49,004.09 | \$ 302.49 | 1.306 | \$ 1020.92 \$ 395.19 |
| HOSP INPATIENT TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .347 | 5202.84 377.63 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| NON-HSC HOSPITAL TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .347 | 5202.84 377.63 |
| ACCOMMODATIONS | 9 | 43 | 19,502.40 | 453.54 | .347 | 2166.93 157.28 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ALL OTHER ACCOM | 9 | 43 | 19,502.40 | 453.54 | .347 | 2166.93 157.28 |
| ANCILLARIES | 9 | 0 | 27,323.13 | .00 | .000 | 3035.90 220.35 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 .00 |

| | | | | | | | | | |
|-----------------------------|---|-----|----|----------|----------|------|-----------|---------|-------------|
| HOSP OUTPATIENT TOTAL | 42 | 119 | | 2,178.56 | 18.31 | .960 | 51.87 | 17.57 | |
| MEDICAL | 3 | 3 | | 114.96 | 38.32 | .024 | 38.32 | .93 | |
| SURGERY | 1 | 1 | | 76.62 | 76.62 | .008 | 76.62 | .62 | |
| PATHOLOGY | 28 | 82 | | 798.15 | 9.73 | .661 | 28.51 | 6.44 | |
| RADIOLOGY | 8 | 8 | | 352.80 | 44.10 | .065 | 44.10 | 2.85 | |
| ROOM USE | 4 | 5 | | 444.69 | 88.94 | .040 | 111.17 | 3.59 | |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 20 | | 391.34 | 19.57 | .161 | 78.27 | 3.16 | |
| @COUNTY HOSPITAL TOTAL | 6 | 25 | \$ | 605.71 | \$ 24.23 | .202 | \$ 100.95 | \$ 4.88 | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 6 | 25 | | 605.71 | 24.23 | .202 | 100.95 | 4.88 | |
| MEDICAL | 2 | 2 | | 36.93 | 18.47 | .016 | 18.47 | .30 | |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 1 | 2 | | 22.80 | 11.40 | .016 | 22.80 | .18 | |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ROOM USE | 2 | 2 | | 171.57 | 85.79 | .016 | 85.79 | 1.38 | |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 19 | | 374.41 | 19.71 | .153 | 93.60 | 3.02 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,551 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS | | | | | | | | |

| 124 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 42 | 137 | \$ 48,398.38 | \$ 353.27 | 1.105 | \$ 1152.34 | \$ 390.31 | |
| COMM HOSP INPATIENT TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .347 | 5202.84 | 377.63 | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 9 | 43 | 46,825.53 | 1088.97 | .347 | 5202.84 | 377.63 | |
| ACCOMMODATIONS | 9 | 43 | 19,502.40 | 453.54 | .347 | 2166.93 | 157.28 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 9 | 43 | 19,502.40 | 453.54 | .347 | 2166.93 | 157.28 | |
| ANCILLARIES | 9 | 0 | 27,323.13 | .00 | .000 | 3035.90 | 220.35 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 36 | 94 | 1,572.85 | 16.73 | .758 | 43.69 | 12.68 | |
| MEDICAL | 1 | 1 | 78.03 | 78.03 | .008 | 78.03 | .63 | |
| SURGERY | 1 | 1 | 76.62 | 76.62 | .008 | 76.62 | .62 | |
| PATHOLOGY | 27 | 80 | 775.35 | 9.69 | .645 | 28.72 | 6.25 | |
| RADIOLOGY | 8 | 8 | 352.80 | 44.10 | .065 | 44.10 | 2.85 | |
| ROOM USE | 2 | 3 | 273.12 | 91.04 | .024 | 136.56 | 2.20 | |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 16.93 | 16.93 | .008 | 16.93 | .14 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 15 | 612 | \$ 74,409.52 | \$ 121.58 | 4.935 | \$ 4960.63 | \$ 600.08 | |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|------------------------------|---|-----|--------------|----------|-------|-----------|-------------|
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 15 | 612 | 74,409.52 | 121.58 | 4.935 | 4960.63 | 600.08 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 14 | 29 | \$ 702.94 | \$ 24.24 | .234 | \$ 50.21 | \$ 5.67 |
| PATHOLOGY | 14 | 29 | 702.94 | 24.24 | .234 | 50.21 | 5.67 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 38 | 134 | \$ 11,579.55 | \$ 86.41 | 1.081 | \$ 304.73 | \$ 93.38 |
| CLINIC | 3 | 25 | 659.70 | 26.39 | .202 | 219.90 | 5.32 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 35 | 109 | 10,919.85 | 100.18 | .879 | 312.00 | 88.06 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,552 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS | | | | | | |

| 124 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 16 | 32 | \$ 4,857.71 | \$ 151.80 | .258 | \$ 303.61 | \$ 39.18 |
| DURABLE MED. EQUIP. | 3 | 15 | 3,946.09 | 263.07 | .121 | 1315.36 | 31.82 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 9 | 9 | 591.00 | 65.67 | .073 | 65.67 | 4.77 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | 16.64 | 8.32 | .016 | 16.64 | .13 |
| PHYSICAL THERAPIST | 2 | 2 | 177.38 | 88.69 | .016 | 88.69 | 1.43 |
| PORTABLE X-RAY | 2 | 4 | 126.60 | 31.65 | .032 | 63.30 | 1.02 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,553
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

| 7,197 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 5,558 | 90,276 | \$ 5,995,095.69 | \$ 66.41 | 12.544 | \$ 1078.64 | \$ 833.00 |
| @PHYSICIANS SERVICES | 1,166 | 3,948 | \$ 68,593.79 | \$ 17.37 | .549 | \$ 58.83 | \$ 9.53 |
| OUTPATIENT VISITS | 95 | 139 | 6,355.66 | 45.72 | .019 | 66.90 | .88 |
| OFFICE VISITS | 69 | 94 | 3,501.46 | 37.25 | .013 | 50.75 | .49 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 31 | 37 | 2,652.28 | 71.68 | .005 | 85.56 | .37 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 5 | 8 | 201.92 | 25.24 | .001 | 40.38 | .03 |
| INPATIENT VISITS | 21 | 42 | 2,298.50 | 54.73 | .006 | 109.45 | .32 |
| HOSPITAL VISITS | 11 | 19 | 1,012.20 | 53.27 | .003 | 92.02 | .14 |
| CRITICAL CARE | 6 | 10 | 908.20 | 90.82 | .001 | 151.37 | .13 |
| SNF/ICF/TRANS IP CARE | 7 | 13 | 378.10 | 29.08 | .002 | 54.01 | .05 |
| OPHTHALMOLOGICAL SERVICES | 7 | 10 | 424.11 | 42.41 | .001 | 60.59 | .06 |
| EXAMINATIONS | 7 | 10 | 424.11 | 42.41 | .001 | 60.59 | .06 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 9 | 48 | 5,312.79 | 110.68 | .007 | 590.31 | .74 |
| PRINCIPAL SURGEON | 6 | 8 | 3,965.71 | 495.71 | .001 | 660.95 | .55 |
| ASSISTANT SURGEON | 1 | 1 | 268.03 | 268.03 | .000 | 268.03 | .04 |
| ANESTHESIOLOGIST | 5 | 39 | 1,079.05 | 27.67 | .005 | 215.81 | .15 |
| OUTPATIENT SURGERY | 15 | 55 | 4,222.28 | 76.77 | .008 | 281.49 | .59 |
| PRINCIPAL SURGEON | 13 | 16 | 3,335.18 | 208.45 | .002 | 256.55 | .46 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 39 | 887.10 | 22.75 | .005 | 177.42 | .12 |
| DIALYSIS | 9 | 49 | 2,521.72 | 51.46 | .007 | 280.19 | .35 |
| PATHOLOGY | 22 | 60 | 987.22 | 16.45 | .008 | 44.87 | .14 |
| RADIOLOGY | 79 | 173 | 6,097.20 | 35.24 | .024 | 77.18 | .85 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 3 | 16 | 279.94 | 17.50 | .002 | 93.31 | .04 |
| OTHER SERVICES/ALL X-OVERS | 1,036 | 3,356 | 40,094.37 | 11.95 | .466 | 38.70 | 5.57 |
| @PHARMACY | 4,565 | 25,251 | \$ 1,131,838.98 | \$ 44.82 | 3.509 | \$ 247.94 | \$ 157.27 |
| PRESCRIPTION DRUGS | 4,515 | 18,213 | 1,091,588.87 | 59.93 | 2.531 | 241.77 | 151.67 |
| SNF/ICF | 399 | 2,809 | 171,324.05 | 60.99 | .390 | 429.38 | 23.80 |
| OUTPATIENTS | 4,124 | 15,404 | 920,264.82 | 59.74 | 2.140 | 223.15 | 127.87 |
| MEDICAL SUPPLIES | 533 | 7,038 | 40,250.11 | 5.72 | .978 | 75.52 | 5.59 |
| @DENTIST | 259 | 1,130 | \$ 57,065.64 | \$ 50.50 | .157 | \$ 220.33 | \$ 7.93 |
| VISITS - DIAGNOSTIC | 177 | 704 | 9,951.21 | 14.14 | .098 | 56.22 | 1.38 |
| ORAL SURGERY | 36 | 94 | 4,770.75 | 50.75 | .013 | 132.52 | .66 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .000 | 100.00 | .03 |
| PERIODONTICS | 16 | 18 | 2,655.00 | 147.50 | .003 | 165.94 | .37 |
| ENDODONTICS | 16 | 31 | 7,130.00 | 230.00 | .004 | 445.63 | .99 |
| RESTORATIVE DENTISTRY | 60 | 174 | 16,803.00 | 96.57 | .024 | 280.05 | 2.33 |
| PROSTHETICS | 2 | 2 | 100.00 | 50.00 | .000 | 50.00 | .01 |
| DENTURES, STAYPLATES | 41 | 105 | 15,455.68 | 147.20 | .015 | 376.97 | 2.15 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,554
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

| | 7,197 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 96 | | 299 | \$ 6,656.56 | \$ 22.26 | .042 | \$ 69.34 | \$.92 |
| DIAGNOSTIC AND ANC. PROCED | 48 | | 48 | 2,252.66 | 46.93 | .007 | 46.93 | .31 |
| EYE APPLIANCES | 88 | | 248 | 4,291.24 | 17.30 | .034 | 48.76 | .60 |
| OTHER OPTOMETRIC SERVICES | 2 | | 3 | 112.66 | 37.55 | .000 | 56.33 | .02 |
| @CHIROPRACTOR | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 46 | | 99 | \$ 1,141.60 | \$ 11.53 | .014 | \$ 24.82 | \$.16 |
| MEDICINE/INJECTIONS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 46 | | 99 | 1,141.60 | 11.53 | .014 | 24.82 | .16 |
| @HOME HEALTH AGENCY | 7 | | 20 | \$ 1,293.10 | \$ 64.66 | .003 | \$ 184.73 | \$.18 |
| NURSE ANESTHESIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 759 | | 2,887 | \$ 267,072.34 | \$ 92.51 | .401 | \$ 351.87 | \$ 37.11 |
| HOSP INPATIENT TOTAL | 105 | | 506 | 207,734.07 | 410.54 | .070 | 1978.42 | 28.86 |
| HSC HOSPITALS | 9 | | 36 | 30,811.92 | 855.89 | .005 | 3423.55 | 4.28 |
| NON-HSC HOSPITAL TOTAL | 13 | | 54 | 97,612.47 | 1807.64 | .008 | 7508.65 | 13.56 |
| ACCOMMODATIONS | 13 | | 54 | 34,896.55 | 646.23 | .008 | 2684.35 | 4.85 |
| ADMINISTRATIVE DAYS | 0 | | 0 | 30.78CR | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 13 | | 54 | 34,927.33 | 646.80 | .008 | 2686.72 | 4.85 |
| ANCILLARIES | 13 | | 0 | 62,715.92 | .00 | .000 | 4824.30 | 8.71 |
| INPATIENT CROSSOVERS | 84 | | 416 | 79,309.68 | 190.65 | .058 | 944.16 | 11.02 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 686 | | 2,381 | 59,338.27 | 24.92 | .331 | 86.50 | 8.24 |
| MEDICAL | 16 | | 21 | 1,044.80 | 49.75 | .003 | 65.30 | .15 |
| SURGERY | 7 | | 8 | 776.95 | 97.12 | .001 | 110.99 | .11 |
| PATHOLOGY | 66 | | 236 | 3,182.52 | 13.49 | .033 | 48.22 | .44 |
| RADIOLOGY | 38 | | 61 | 4,397.56 | 72.09 | .008 | 115.73 | .61 |
| ROOM USE | 27 | | 43 | 1,581.38 | 36.78 | .006 | 58.57 | .22 |
| CROSSOVERS/ALL OTH OUTPTNT | 624 | | 2,012 | 48,355.06 | 24.03 | .280 | 77.49 | 6.72 |
| @COUNTY HOSPITAL TOTAL | 19 | | 76 | \$ 6,253.05 | \$ 82.28 | .011 | \$ 329.11 | \$.87 |
| CO HOSPITAL INPATIENT TOTAL | 2 | | 10 | 4,498.98 | 449.90 | .001 | 2249.49 | .63 |
| HSC HOSPITALS | 1 | | 4 | 3,686.98 | 921.75 | .001 | 3686.98 | .51 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | | 6 | 812.00 | 135.33 | .001 | 812.00 | .11 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|----|----|----------|-------|------|--------|-----|
| CO HOSP OUTPATIENT TOTAL | 17 | 66 | 1,754.07 | 26.58 | .009 | 103.18 | .24 |
| MEDICAL | 1 | 2 | 124.48 | 62.24 | .000 | 124.48 | .02 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 82.29 | 11.76 | .001 | 41.15 | .01 |
| RADIOLOGY | 1 | 1 | 23.47 | 23.47 | .000 | 23.47 | .00 |
| ROOM USE | 6 | 9 | 224.03 | 24.89 | .001 | 37.34 | .03 |
| CROSSOVERS/ALL OTH OUTPTNT | 13 | 47 | 1,299.80 | 27.66 | .007 | 99.98 | .18 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,555
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

| | 7,197 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 743 | 2,811 | \$ | 260,819.29 | \$ 92.79 | .391 | \$ 351.04 | \$ 36.24 |
| COMM HOSP INPATIENT TOTAL | 104 | 496 | | 203,235.09 | 409.75 | .069 | 1954.18 | 28.24 |
| HSC HOSPITALS | 8 | 32 | | 27,124.94 | 847.65 | .004 | 3390.62 | 3.77 |
| NON-HSC HOSPITALS TOTAL | 13 | 54 | | 97,612.47 | 1807.64 | .008 | 7508.65 | 13.56 |
| ACCOMMODATIONS | 13 | 54 | | 34,896.55 | 646.23 | .008 | 2684.35 | 4.85 |
| ADMINISTRATIVE DAYS | 0 | 0 | | 30.78CR | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 13 | 54 | | 34,927.33 | 646.80 | .008 | 2686.72 | 4.85 |
| ANCILLARIES | 13 | 0 | | 62,715.92 | .00 | .000 | 4824.30 | 8.71 |
| INPATIENT CROSSOVERS | 83 | 410 | | 78,497.68 | 191.46 | .057 | 945.76 | 10.91 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 671 | 2,315 | | 57,584.20 | 24.87 | .322 | 85.82 | 8.00 |
| MEDICAL | 15 | 19 | | 920.32 | 48.44 | .003 | 61.35 | .13 |
| SURGERY | 7 | 8 | | 776.95 | 97.12 | .001 | 110.99 | .11 |
| PATHOLOGY | 64 | 229 | | 3,100.23 | 13.54 | .032 | 48.44 | .43 |
| RADIOLOGY | 37 | 60 | | 4,374.09 | 72.90 | .008 | 118.22 | .61 |
| ROOM USE | 22 | 34 | | 1,357.35 | 39.92 | .005 | 61.70 | .19 |
| CROSSOVERS/ALL OTH OUTPTNT | 612 | 1,965 | | 47,055.26 | 23.95 | .273 | 76.89 | 6.54 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | |
|------------------------------|-----|--------|----|--------------|-----------|-------|------------|-----------|
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 718 | 24,908 | \$ | 4,230,134.92 | \$ 169.83 | 3.461 | \$ 5891.55 | \$ 587.76 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 3 | 75 | | 29,818.55 | 397.58 | .010 | 9939.52 | 4.14 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 717 | 24,833 | | 4,200,316.37 | 169.14 | 3.450 | 5858.18 | 583.62 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 81 | 1,381 | \$ | 87,521.81 | \$ 63.38 | .192 | \$ 1080.52 | \$ 12.16 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 81 | 1,381 | | 87,521.81 | 63.38 | .192 | 1080.52 | 12.16 |
| @REHABILITATION FACILITY | 1 | 1 | \$ | 48.00 | \$ 48.00 | .000 | \$ 48.00 | \$.01 |
| HOSPITAL BASED | 1 | 1 | | 48.00 | 48.00 | .000 | 48.00 | .01 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 38 | 217 | \$ | 2,702.68 | \$ 12.45 | .030 | \$ 71.12 | \$.38 |
| PATHOLOGY | 33 | 205 | | 2,489.66 | 12.14 | .028 | 75.44 | .35 |
| XO AND OTHERS | 5 | 12 | | 213.02 | 17.75 | .002 | 42.60 | .03 |
| @ORGANIZED OUTPATIENT CLINIC | 399 | 653 | \$ | 33,062.33 | \$ 50.63 | .091 | \$ 82.86 | \$ 4.59 |
| CLINIC | 1 | 15 | | 288.45 | 19.23 | .002 | 288.45 | .04 |
| SURGICENTER | 2 | 2 | | 408.34 | 204.17 | .000 | 204.17 | .06 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 397 | 636 | | 32,365.54 | 50.89 | .088 | 81.53 | 4.50 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,556
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

| | 7,197 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 610 | 29,482 | \$ | 107,963.94 | \$ 3.66 | 4.096 | \$ 176.99 | \$ 15.00 |
| DURABLE MED. EQUIP. | 14 | 335 | | 6,831.50 | 20.39 | .047 | 487.96 | .95 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 7 | 15 | | 2,313.39 | 154.23 | .002 | 330.48 | .32 |
| MEDICAL TRANSPORTATION | 92 | 918 | | 8,746.05 | 9.53 | .128 | 95.07 | 1.22 |
| AMBULANCES/AIR TRANS | 17 | 104 | | 2,260.74 | 21.74 | .014 | 132.98 | .31 |
| OTHER TRANS | 14 | 111 | | 493.19 | 4.44 | .015 | 35.23 | .07 |
| OTHER SERVICES | 65 | 703 | | 5,992.12 | 8.52 | .098 | 92.19 | .83 |
| ACUPUNCTURE | 4 | 16 | | 281.14 | 17.57 | .002 | 70.29 | .04 |
| ADULT DAY HEALTH CARE CTR | 16 | 179 | | 11,968.07 | 66.86 | .025 | 748.00 | 1.66 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 9 | 35 | | 2,337.39 | 66.78 | .005 | 259.71 | .32 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 123 | 275 | | 3,589.84 | 13.05 | .038 | 29.19 | .50 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 6 | 19 | | 147.00 | 7.74 | .003 | 24.50 | .02 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 20 | 40 | | 7,370.89 | 184.27 | .006 | 368.54 | 1.02 |
| HOSPICE SERVICES | 16 | 414 | | 44,404.20 | 107.26 | .058 | 2775.26 | 6.17 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-------|--------|---------------|----------|-------|-----------|----------|
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 338 | 27,236 | 19,974.47 | .73 | 3.784 | 59.10 | 2.78 |
| @CALIF. CHILDREN SERVICES* | 0 | 2CR | \$ 21.40CR | \$ 10.70 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 1,794 | 11,689 | \$ 330,951.54 | \$ 28.31 | 1.624 | \$ 184.48 | \$ 45.98 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,557

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 56 ALL BLIND

| 298 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @TOTAL, ALL PROVIDERS | 189 | 1,199 | \$ 68,938.42 | \$ 57.50 | 4.023 | \$ 364.75 | \$ 231.34 |
| @PHYSICIANS SERVICES | 56 | 152 | \$ 4,359.96 | \$ 28.68 | .510 | \$ 77.86 | \$ 14.63 |
| OUTPATIENT VISITS | 24 | 32 | 1,123.19 | 35.10 | .107 | 46.80 | 3.77 |
| OFFICE VISITS | 17 | 23 | 716.19 | 31.14 | .077 | 42.13 | 2.40 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 6 | 6 | 327.56 | 54.59 | .020 | 54.59 | 1.10 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 3 | 3 | 79.44 | 26.48 | .010 | 26.48 | .27 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 4 | 141.93 | 35.48 | .013 | 70.97 | .48 |
| EXAMINATIONS | 2 | 4 | 141.93 | 35.48 | .013 | 70.97 | .48 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 3 | 14 | 1,973.06 | 140.93 | .047 | 657.69 | 6.62 |
| PRINCIPAL SURGEON | 3 | 4 | 1,538.72 | 384.68 | .013 | 512.91 | 5.16 |
| ASSISTANT SURGEON | 1 | 1 | 232.32 | 232.32 | .003 | 232.32 | .78 |
| ANESTHESIOLOGIST | 1 | 9 | 202.02 | 22.45 | .030 | 202.02 | .68 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 6 | 14.66 | 2.44 | .020 | 4.89 | .05 |
| RADIOLOGY | 9 | 12 | 171.02 | 14.25 | .040 | 19.00 | .57 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 22 | 84 | 936.10 | 11.14 | .282 | 42.55 | 3.14 |
| @PHARMACY | 148 | 617 | \$ 34,903.84 | \$ 56.57 | 2.070 | \$ 235.84 | \$ 117.13 |
| PRESCRIPTION DRUGS | 146 | 501 | 34,509.45 | 68.88 | 1.681 | 236.37 | 115.80 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 146 | 501 | 34,509.45 | 68.88 | 1.681 | 236.37 | 115.80 |
| MEDICAL SUPPLIES | 14 | 116 | 394.39 | 3.40 | .389 | 28.17 | 1.32 |
| @DENTIST | 15 | 52 | \$ 3,092.00 | \$ 59.46 | .174 | \$ 206.13 | \$ 10.38 |
| VISITS - DIAGNOSTIC | 9 | 31 | 515.00 | 16.61 | .104 | 57.22 | 1.73 |
| ORAL SURGERY | 6 | 7 | 435.00 | 62.14 | .023 | 72.50 | 1.46 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .007 | 100.00 | .67 |

| | | | | | | | |
|-------------------------|---|---|----------|--------|------|--------|------|
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 2 | 5 | 690.00 | 138.00 | .017 | 345.00 | 2.32 |
| RESTORATIVE DENTISTRY | 4 | 7 | 1,252.00 | 178.86 | .023 | 313.00 | 4.20 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,558
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

| 298 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 1 | 1 \$ | 47.45 | \$ 47.45 | .003 | \$ 47.45 | \$.16 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .003 | 47.45 | .16 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 2 | 3 \$ | 59.70 | \$ 19.90 | .010 | \$ 29.85 | \$.20 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 2 | 3 | 59.70 | 19.90 | .010 | 29.85 | .20 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 24 | 92 \$ | 3,753.45 | \$ 40.80 | .309 | \$ 156.39 | \$ 12.60 |
| HOSP INPATIENT TOTAL | 2 | 9 | 1,604.00 | 178.22 | .030 | 802.00 | 5.38 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 9 | 1,604.00 | 178.22 | .030 | 802.00 | 5.38 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 22 | 83 | 2,149.45 | 25.90 | .279 | 97.70 | 7.21 |
| MEDICAL | 3 | 6 | 191.75 | 31.96 | .020 | 63.92 | .64 |
| SURGERY | 1 | 1 | 29.74 | 29.74 | .003 | 29.74 | .10 |
| PATHOLOGY | 6 | 11 | 134.17 | 12.20 | .037 | 22.36 | .45 |
| RADIOLOGY | 8 | 10 | 289.28 | 28.93 | .034 | 36.16 | .97 |
| ROOM USE | 10 | 16 | 755.83 | 47.24 | .054 | 75.58 | 2.54 |
| CROSSOVERS/ALL OTH OUTPTNT | 14 | 39 | 748.68 | 19.20 | .131 | 53.48 | 2.51 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,559
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

| 298 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @COMMUNITY HOSPITAL TOTAL | 24 | 92 | \$ 3,753.45 | \$ 40.80 | .309 \$ 156.39 \$ 12.60 |
| COMM HOSP INPATIENT TOTAL | 2 | 9 | 1,604.00 | 178.22 | .030 802.00 5.38 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT CROSSOVERS | 2 | 9 | 1,604.00 | 178.22 | .030 802.00 5.38 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| COMM HOSP OUTPATIENT TOTAL | 22 | 83 | 2,149.45 | 25.90 | .279 97.70 7.21 |
| MEDICAL | 3 | 6 | 191.75 | 31.96 | .020 63.92 .64 |
| SURGERY | 1 | 1 | 29.74 | 29.74 | .003 29.74 .10 |
| PATHOLOGY | 6 | 11 | 134.17 | 12.20 | .037 22.36 .45 |
| RADIOLOGY | 8 | 10 | 289.28 | 28.93 | .034 36.16 .97 |
| ROOM USE | 10 | 16 | 755.83 | 47.24 | .054 75.58 2.54 |
| CROSSOVERS/ALL OTH OUTPTNT | 14 | 39 | 748.68 | 19.20 | .131 53.48 2.51 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 \$.00 \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @NURSING FACILITY | 1 | 31 | \$ 6,344.58 | \$ 204.66 | .104 \$ 6344.58 \$ 21.29 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 .00 .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 .00 .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 .00 .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| LEV B-REGULAR | 1 | 31 | 6,344.58 | 204.66 | .104 6344.58 21.29 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | .00 | .00 | .000 \$.00 \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @HEMODIALYSIS TOTAL | 5 | 7 | \$ 3,327.11 | \$ 475.30 | .023 \$ 665.42 \$ 11.16 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HEMODIALYSIS CENTER | 5 | 7 | 3,327.11 | 475.30 | .023 665.42 11.16 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | | | |
|------------------------------|----|----|----|----------|----|-------|------|-----------|---------|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 5 | \$ | 34.56 | \$ | 6.91 | .017 | \$ 34.56 | \$.12 |
| PATHOLOGY | 1 | 5 | | 34.56 | | 6.91 | .017 | 34.56 | .12 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 16 | 23 | \$ | 2,010.97 | \$ | 87.43 | .077 | \$ 125.69 | \$ 6.75 |
| CLINIC | 3 | 6 | | 399.22 | | 66.54 | .020 | 133.07 | 1.34 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 15 | 17 | | 1,611.75 | | 94.81 | .057 | 107.45 | 5.41 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,560
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

| 298 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 15 | 216 | \$ 11,004.80 | \$ 50.95 | .725 | \$ 733.65 | \$ 36.93 |
| DURABLE MED. EQUIP. | 5 | 16 | 9,806.47 | 612.90 | .054 | 1961.29 | 32.91 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 3 | 131 | 700.82 | 5.35 | .440 | 233.61 | 2.35 |
| AMBULANCES/AIR TRANS | 1 | 95 | 451.90 | 4.76 | .319 | 451.90 | 1.52 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 36 | 248.92 | 6.91 | .121 | 82.97 | .84 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | 26.08 | 13.04 | .007 | 26.08 | .09 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|-------------------------------|----|-----|----|-----------|------|--------|--------|------|--------|----|-------|
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| LOCAL EDUCATION AGENCIES | 1 | 56 | | 392.44 | 7.01 | .188 | 392.44 | 1.32 | | | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | | | |
| ALL OTHER PROVIDERS | 5 | 11 | | 78.99 | 7.18 | .037 | 15.80 | .27 | | | |
| @CALIF. CHILDREN SERVICES* | 12 | 34 | \$ | 11,203.82 | \$ | 329.52 | .114 | \$ | 933.65 | \$ | 37.60 |
| @XOVER EXCLUDING STATE HOSP** | 31 | 160 | \$ | 6,366.97 | \$ | 39.79 | .537 | \$ | 205.39 | \$ | 21.37 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

PAGE 10,561
01/17/03

| | 7,119 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|---------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 5,372 | 240,626 | \$ | 4,406,309.65 | \$ 18.31 | 33.801 | \$ 820.24 | \$ 618.95 |
| @PHYSICIANS SERVICES | 1,718 | 7,093 | \$ | 229,491.33 | \$ 32.35 | .996 | \$ 133.58 | \$ 32.24 |
| OUTPATIENT VISITS | 790 | 1,319 | | 58,296.42 | 44.20 | .185 | 73.79 | 8.19 |
| OFFICE VISITS | 445 | 604 | | 20,879.40 | 34.57 | .085 | 46.92 | 2.93 |
| HOME VISITS | 8 | 12 | | 417.23 | 34.77 | .002 | 52.15 | .06 |
| EMERGENCY ROOM | 331 | 512 | | 30,839.84 | 60.23 | .072 | 93.17 | 4.33 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 5 | 10 | | 482.35 | 48.24 | .001 | 96.47 | .07 |
| OTHER OUTPATIENT | 97 | 181 | | 5,677.60 | 31.37 | .025 | 58.53 | .80 |
| INPATIENT VISITS | 146 | 592 | | 35,036.72 | 59.18 | .083 | 239.98 | 4.92 |
| HOSPITAL VISITS | 122 | 492 | | 23,919.60 | 48.62 | .069 | 196.06 | 3.36 |
| CRITICAL CARE | 12 | 67 | | 10,027.45 | 149.66 | .009 | 835.62 | 1.41 |
| SNF/ICF/TRANS IP CARE | 27 | 33 | | 1,089.67 | 33.02 | .005 | 40.36 | .15 |
| OPHTHALMOLOGICAL SERVICES | 29 | 34 | | 1,363.51 | 40.10 | .005 | 47.02 | .19 |
| EXAMINATIONS | 29 | 34 | | 1,363.51 | 40.10 | .005 | 47.02 | .19 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 60 | 343 | | 31,781.92 | 92.66 | .048 | 529.70 | 4.46 |
| PRINCIPAL SURGEON | 40 | 68 | | 23,884.90 | 351.25 | .010 | 597.12 | 3.36 |
| ASSISTANT SURGEON | 6 | 6 | | 981.39 | 163.57 | .001 | 163.57 | .14 |
| ANESTHESIOLOGIST | 25 | 269 | | 6,915.63 | 25.71 | .038 | 276.63 | .97 |
| OUTPATIENT SURGERY | 109 | 312 | | 21,603.45 | 69.24 | .044 | 198.20 | 3.03 |
| PRINCIPAL SURGEON | 83 | 117 | | 16,342.22 | 139.68 | .016 | 196.89 | 2.30 |
| ASSISTANT SURGEON | 1 | 1 | | 122.86 | 122.86 | .000 | 122.86 | .02 |
| ANESTHESIOLOGIST | 30 | 194 | | 5,138.37 | 26.49 | .027 | 171.28 | .72 |
| DIALYSIS | 23 | 139 | | 7,269.29 | 52.30 | .020 | 316.06 | 1.02 |
| PATHOLOGY | 101 | 378 | | 3,250.61 | 8.60 | .053 | 32.18 | .46 |
| RADIOLOGY | 399 | 774 | | 26,266.45 | 33.94 | .109 | 65.83 | 3.69 |
| PSYCHIATRY | 1 | 1 | | 43.42 | 43.42 | .000 | 43.42 | .01 |
| IMMUNIZATION AND INJECTION | 16 | 22 | | 458.76 | 20.85 | .003 | 28.67 | .06 |
| OTHER SERVICES/ALL X-OVERS | 829 | 3,179 | | 44,120.78 | 13.88 | .447 | 53.22 | 6.20 |
| @PHARMACY | 4,358 | 45,947 | \$ | 1,740,912.82 | \$ 37.89 | 6.454 | \$ 399.48 | \$ 244.54 |
| PRESCRIPTION DRUGS | 4,265 | 18,214 | | 1,676,768.30 | 92.06 | 2.559 | 393.15 | 235.53 |
| SNF/ICF | 107 | 707 | | 54,500.07 | 77.09 | .099 | 509.35 | 7.66 |
| OUTPATIENTS | 4,163 | 17,507 | | 1,622,268.23 | 92.66 | 2.459 | 389.69 | 227.88 |

| | | | | | | | | | |
|----------------------------|-----|--------|----|---|----|--------|-------|-------------|----------|
| MEDICAL SUPPLIES | 537 | 27,733 | | 64,144.52 | | 2.31 | 3.896 | 119.45 | 9.01 |
| @DENTIST | 402 | 1,680 | \$ | 78,457.86 | \$ | 46.70 | .236 | \$ 195.17 | \$ 11.02 |
| VISITS - DIAGNOSTIC | 261 | 1,059 | | 17,332.11 | | 16.37 | .149 | 66.41 | 2.43 |
| ORAL SURGERY | 53 | 148 | | 8,854.00 | | 59.82 | .021 | 167.06 | 1.24 |
| DRUGS | 1 | 1 | | 25.00 | | 25.00 | .000 | 25.00 | .00 |
| ANESTHESIA | 9 | 9 | | 700.00 | | 77.78 | .001 | 77.78 | .10 |
| PERIODONTICS | 27 | 30 | | 4,420.00 | | 147.33 | .004 | 163.70 | .62 |
| ENDODONTICS | 17 | 21 | | 5,665.00 | | 269.76 | .003 | 333.24 | .80 |
| RESTORATIVE DENTISTRY | 132 | 331 | | 28,980.75 | | 87.56 | .046 | 219.55 | 4.07 |
| PROSTHETICS | 1 | 1 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 29 | 72 | | 12,271.00 | | 170.43 | .010 | 423.14 | 1.72 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 3 | 3 | | 210.00 | | 70.00 | .000 | 70.00 | .03 |
| ALL OTHER SERVICES | 5 | 5 | | .00 | | .00 | .001 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | | | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | PAGE 10,562 | |
| MOP024 | | | | FEE-FOR-SERVICE/DENTAL | | | | 01/17/03 | |
| SAN BENITO COUNTY | | | | SUMMARY OF SERVICES FOR 57 ALL DISABLED | | | | | |

| | | | | | | | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|----|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 7,119 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 116 | 390 | \$ | 8,597.37 | \$ 22.04 | .055 | \$ 74.12 | \$ 1.21 | |
| DIAGNOSTIC AND ANC. PROCED | 75 | 81 | | 3,596.44 | 44.40 | .011 | 47.95 | .51 | |
| EYE APPLIANCES | 104 | 308 | | 4,989.52 | 16.20 | .043 | 47.98 | .70 | |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | | 11.41 | 11.41 | .000 | 11.41 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 56 | 117 | \$ | 1,753.28 | \$ 14.99 | .016 | \$ 31.31 | \$.25 | |
| MEDICINE/INJECTIONS | 26 | 35 | | 847.66 | 24.22 | .005 | 32.60 | .12 | |
| SURGERY/ANES. | 2 | 2 | | 67.02 | 33.51 | .000 | 33.51 | .01 | |
| RADIO./PATHOLOGY | 4 | 5 | | 69.21 | 13.84 | .001 | 17.30 | .01 | |
| OTHER | 30 | 75 | | 769.39 | 10.26 | .011 | 25.65 | .11 | |
| @HOME HEALTH AGENCY | 43 | 336 | \$ | 24,667.87 | \$ 73.42 | .047 | \$ 573.67 | \$ 3.47 | |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| PEDIATRIC NURSE PRACTITIONER | 5 | 6 | \$ | 136.10 | \$ 22.68 | .001 | \$ 27.22 | \$.02 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| @TOTAL HOSPITAL | 1,390 | 9,201 | \$ | 1,264,973.78 | \$ 137.48 | 1.292 | \$ 910.05 | \$ 177.69 | |
| HOSP INPATIENT TOTAL | 151 | 923 | | 1,060,090.23 | 1148.53 | .130 | 7020.47 | 148.91 | |
| HSC HOSPITALS | 50 | 365 | | 501,346.00 | 1373.55 | .051 | 10026.92 | 70.42 | |
| NON-HSC HOSPITAL TOTAL | 56 | 328 | | 519,751.17 | 1584.61 | .046 | 9281.27 | 73.01 | |
| ACCOMMODATIONS | 56 | 328 | | 190,041.88 | 579.40 | .046 | 3393.61 | 26.70 | |
| ADMINISTRATIVE DAYS | 2 | 112 | | 25,922.77 | 231.45 | .016 | 12961.39 | 3.64 | |
| TRANSITIONAL IP CARE | 0 | 0 | | 75.51 | .00 | .000 | .00 | .01 | |
| ALL OTHER ACCOM | 54 | 216 | | 164,043.60 | 759.46 | .030 | 3037.84 | 23.04 | |
| ANCILLARIES | 56 | 0 | | 329,709.29 | .00 | .000 | 5887.67 | 46.31 | |
| INPATIENT CROSSOVERS | 51 | 230 | | 38,993.06 | 169.54 | .032 | 764.57 | 5.48 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 1,317 | 8,278 | | 204,883.55 | 24.75 | 1.163 | 155.57 | 28.78 | |
| MEDICAL | 217 | 323 | | 14,602.04 | 45.21 | .045 | 67.29 | 2.05 | |
| SURGERY | 54 | 64 | | 4,152.59 | 64.88 | .009 | 76.90 | .58 | |
| PATHOLOGY | 596 | 3,894 | | 39,749.60 | 10.21 | .547 | 66.69 | 5.58 | |
| RADIOLOGY | 316 | 546 | | 50,426.60 | 92.36 | .077 | 159.58 | 7.08 | |
| ROOM USE | 450 | 754 | | 32,727.02 | 43.40 | .106 | 72.73 | 4.60 | |

| | | | | | | | | |
|-----------------------------|---|-------|----|------------|-----------|------|------------|----------|
| CROSSOVERS/ALL OTH OUTPTNT | 746 | 2,697 | | 63,225.70 | 23.44 | .379 | 84.75 | 8.88 |
| @COUNTY HOSPITAL TOTAL | 162 | 712 | \$ | 218,395.76 | \$ 306.74 | .100 | \$ 1348.12 | \$ 30.68 |
| CO HOSPITAL INPATIENT TOTAL | 11 | 216 | | 199,641.50 | 924.27 | .030 | 18149.23 | 28.04 |
| HSC HOSPITALS | 10 | 90 | | 117,946.00 | 1310.51 | .013 | 11794.60 | 16.57 |
| NON-HSC HOSPITALS TOTAL | 2 | 112 | | 80,883.50 | 722.17 | .016 | 40441.75 | 11.36 |
| ACCOMMODATIONS | 2 | 112 | | 25,905.60 | 231.30 | .016 | 12952.80 | 3.64 |
| ADMINISTRATIVE DAYS | 2 | 112 | | 25,905.60 | 231.30 | .016 | 12952.80 | 3.64 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 2 | 0 | | 54,977.90 | .00 | .000 | 27488.95 | 7.72 |
| INPATIENT CROSSOVERS | 1 | 14 | | 812.00 | 58.00 | .002 | 812.00 | .11 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 151 | 496 | | 18,754.26 | 37.81 | .070 | 124.20 | 2.63 |
| MEDICAL | 44 | 56 | | 2,727.73 | 48.71 | .008 | 61.99 | .38 |
| SURGERY | 8 | 8 | | 639.93 | 79.99 | .001 | 79.99 | .09 |
| PATHOLOGY | 32 | 120 | | 1,177.37 | 9.81 | .017 | 36.79 | .17 |
| RADIOLOGY | 11 | 15 | | 1,588.02 | 105.87 | .002 | 144.37 | .22 |
| ROOM USE | 87 | 112 | | 4,451.68 | 39.75 | .016 | 51.17 | .63 |
| CROSSOVERS/ALL OTH OUTPTNT | 59 | 185 | | 8,169.53 | 44.16 | .026 | 138.47 | 1.15 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 57 ALL DISABLED | | | | | | | |

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01/17/03

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 7,119 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 1,277 | 8,489 | \$ 1,046,578.02 | \$ 123.29 | 1.192 | \$ 819.56 | \$ 147.01 | |
| COMM HOSP INPATIENT TOTAL | 142 | 707 | 860,448.73 | 1217.04 | .099 | 6059.50 | 120.87 | |
| HSC HOSPITALS | 40 | 275 | 383,400.00 | 1394.18 | .039 | 9585.00 | 53.86 | |
| NON-HSC HOSPITALS TOTAL | 54 | 216 | 438,867.67 | 2031.79 | .030 | 8127.18 | 61.65 | |
| ACCOMMODATIONS | 54 | 216 | 164,136.28 | 759.89 | .030 | 3039.56 | 23.06 | |
| ADMINISTRATIVE DAYS | 0 | 0 | 17.17 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | 75.51 | .00 | .000 | .00 | .01 | |
| ALL OTHER ACCOM | 54 | 216 | 164,043.60 | 759.46 | .030 | 3037.84 | 23.04 | |
| ANCILLARIES | 54 | 0 | 274,731.39 | .00 | .000 | 5087.62 | 38.59 | |
| INPATIENT CROSSOVERS | 50 | 216 | 38,181.06 | 176.76 | .030 | 763.62 | 5.36 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 1,205 | 7,782 | 186,129.29 | 23.92 | 1.093 | 154.46 | 26.15 | |
| MEDICAL | 178 | 267 | 11,874.31 | 44.47 | .038 | 66.71 | 1.67 | |
| SURGERY | 47 | 56 | 3,512.66 | 62.73 | .008 | 74.74 | .49 | |
| PATHOLOGY | 566 | 3,774 | 38,572.23 | 10.22 | .530 | 68.15 | 5.42 | |
| RADIOLOGY | 306 | 531 | 48,838.58 | 91.97 | .075 | 159.60 | 6.86 | |
| ROOM USE | 380 | 642 | 28,275.34 | 44.04 | .090 | 74.41 | 3.97 | |
| CROSSOVERS/ALL OTH OUTPTNT | 695 | 2,512 | 55,056.17 | 21.92 | .353 | 79.22 | 7.73 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 108 | 3,405 | \$ 521,914.90 | \$ 153.28 | .478 | \$ 4832.55 | \$ 73.31 | |
| LEV A-INTERMEDIATE | 10 | 370 | 27,015.94 | 73.02 | .052 | 2701.59 | 3.79 | |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REGULAR | 98 | 3,035 | 494,898.96 | 163.06 | .426 | 5049.99 | 69.52 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | | |
|------------------------------|---|-------|----|------------|----|--------|------|------------|-------------|
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 95 | 3,095 | \$ | 131,574.52 | \$ | 42.51 | .435 | \$ 1384.99 | \$ 18.48 |
| HOSPITAL BASED | 3 | 62 | | 11,925.18 | | 192.34 | .009 | 3975.06 | 1.68 |
| HEMODIALYSIS CENTER | 92 | 3,033 | | 119,649.34 | | 39.45 | .426 | 1300.54 | 16.81 |
| @REHABILITATION FACILITY | 12 | 36 | \$ | 1,044.81 | \$ | 29.02 | .005 | \$ 87.07 | \$.15 |
| HOSPITAL BASED | 12 | 36 | | 1,044.81 | | 29.02 | .005 | 87.07 | .15 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 193 | 692 | \$ | 10,068.95 | \$ | 14.55 | .097 | \$ 52.17 | \$ 1.41 |
| PATHOLOGY | 191 | 687 | | 10,064.85 | | 14.65 | .097 | 52.70 | 1.41 |
| XO AND OTHERS | 2 | 5 | | 4.10 | | .82 | .001 | 2.05 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 893 | 1,508 | \$ | 120,819.33 | \$ | 80.12 | .212 | \$ 135.30 | \$ 16.97 |
| CLINIC | 8 | 22 | | 1,106.06 | | 50.28 | .003 | 138.26 | .16 |
| SURGICENTER | 1 | 7 | | 611.21 | | 87.32 | .001 | 611.21 | .09 |
| HEROIN DETOX CLINIC | 2 | 32 | | 371.62 | | 11.61 | .004 | 185.81 | .05 |
| RURAL HEALTH CLINIC | 883 | 1,447 | | 118,730.44 | | 82.05 | .203 | 134.46 | 16.68 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,564 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 57 ALL DISABLED | | | | | | | | |

| | 7,119 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-----------------|---------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 745 | 167,119 | \$ | 271,869.93 | \$ 1.63 | 23.475 | \$ 364.93 | \$ 38.19 |
| DURABLE MED. EQUIP. | 120 | 641 | | 92,556.55 | 144.39 | .090 | 771.30 | 13.00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 8 | 20 | | 2,160.64 | 108.03 | .003 | 270.08 | .30 |
| MEDICAL TRANSPORTATION | 128 | 3,168 | | 34,003.33 | 10.73 | .445 | 265.65 | 4.78 |
| AMBULANCES/AIR TRANS | 77 | 1,644 | | 19,106.45 | 11.62 | .231 | 248.14 | 2.68 |
| OTHER TRANS | 11 | 1,086 | | 4,854.53 | 4.47 | .153 | 441.32 | .68 |
| OTHER SERVICES | 43 | 438 | | 10,042.35 | 22.93 | .062 | 233.54 | 1.41 |
| ACUPUNCTURE | 2 | 2 | | 43.25 | 21.63 | .000 | 21.63 | .01 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | 1 | | 105.00 | 105.00 | .000 | 105.00 | .01 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 12 | 2,237 | | 66,174.65 | 29.58 | .314 | 5514.55 | 9.30 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 142 | 328 | | 3,701.29 | 11.28 | .046 | 26.07 | .52 |
| PHYSICAL THERAPIST | 1 | 1 | | 1.39 | 1.39 | .000 | 1.39 | .00 |
| PORTABLE X-RAY | 1 | 1 | | .65 | .65 | .000 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 10 | 93 | | 10,453.40 | 112.40 | .013 | 1045.34 | 1.47 |
| PROSTHETICS | 10 | 93 | | 10,453.40 | 112.40 | .013 | 1045.34 | 1.47 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 1 | 2 | | 33.22 | 16.61 | .000 | 33.22 | .00 |
| SPEECH AND AUDIOLOGY | 16 | 42 | | 3,705.75 | 88.23 | .006 | 231.61 | .52 |
| HOSPICE SERVICES | 3 | 76 | | 9,841.17 | 129.49 | .011 | 3280.39 | 1.38 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 31 | 429 | | 3,210.52 | 7.48 | .060 | 103.57 | .45 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 1 | 1 | | 26.80 | 26.80 | .000 | 26.80 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 344 | 160,078 | | 45,879.12 | .29 | 22.486 | 133.37 | 6.44 |
| @CALIF. CHILDREN SERVICES* | 179 | 3,634 | \$ | 445,056.11 | \$ 122.47 | .510 | \$ 2486.35 | \$ 62.52 |
| @XOVER EXCLUDING STATE HOSP** | 1,063 | 15,333 | \$ | 195,493.44 | \$ 12.75 | 2.154 | \$ 183.91 | \$ 27.46 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

| 47,288 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|--------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 19,661 | 89,801 | \$ 6,318,577.97 | \$ 70.36 | 1.899 | \$ 321.38 | \$ 133.62 |
| @PHYSICIANS SERVICES | 6,774 | 14,989 | \$ 794,332.54 | \$ 52.99 | .317 | \$ 117.26 | \$ 16.80 |
| OUTPATIENT VISITS | 4,890 | 6,650 | 288,306.54 | 43.35 | .141 | 58.96 | 6.10 |
| OFFICE VISITS | 2,951 | 3,776 | 133,563.74 | 35.37 | .080 | 45.26 | 2.82 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,836 | 2,158 | 106,394.92 | 49.30 | .046 | 57.95 | 2.25 |
| PREVENTIVE CARE | 6 | 6 | 306.45 | 51.08 | .000 | 51.08 | .01 |
| OB VISITS/COMPRE PERI | 333 | 578 | 43,735.60 | 75.67 | .012 | 131.34 | .92 |
| OTHER OUTPATIENT | 117 | 132 | 4,305.83 | 32.62 | .003 | 36.80 | .09 |
| INPATIENT VISITS | 324 | 957 | 76,939.27 | 80.40 | .020 | 237.47 | 1.63 |
| HOSPITAL VISITS | 296 | 615 | 29,898.26 | 48.62 | .013 | 101.01 | .63 |
| CRITICAL CARE | 44 | 337 | 46,777.71 | 138.81 | .007 | 1063.13 | .99 |
| SNF/ICF/TRANS IP CARE | 1 | 5 | 263.30 | 52.66 | .000 | 263.30 | .01 |
| OPHTHALMOLOGICAL SERVICES | 29 | 40 | 1,727.42 | 43.19 | .001 | 59.57 | .04 |
| EXAMINATIONS | 29 | 40 | 1,727.42 | 43.19 | .001 | 59.57 | .04 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 438 | 1,430 | 239,198.35 | 167.27 | .030 | 546.11 | 5.06 |
| PRINCIPAL SURGEON | 293 | 325 | 200,057.13 | 615.56 | .007 | 682.79 | 4.23 |
| ASSISTANT SURGEON | 66 | 66 | 10,914.88 | 165.38 | .001 | 165.38 | .23 |
| ANESTHESIOLOGIST | 142 | 1,039 | 28,226.34 | 27.17 | .022 | 198.78 | .60 |
| OUTPATIENT SURGERY | 502 | 1,034 | 77,603.61 | 75.05 | .022 | 154.59 | 1.64 |
| PRINCIPAL SURGEON | 427 | 535 | 64,283.48 | 120.16 | .011 | 150.55 | 1.36 |
| ASSISTANT SURGEON | 3 | 3 | 480.22 | 160.07 | .000 | 160.07 | .01 |
| ANESTHESIOLOGIST | 138 | 496 | 12,839.91 | 25.89 | .010 | 93.04 | .27 |
| DIALYSIS | 8 | 21 | 2,498.72 | 118.99 | .000 | 312.34 | .05 |
| PATHOLOGY | 555 | 950 | 7,089.65 | 7.46 | .020 | 12.77 | .15 |
| RADIOLOGY | 1,696 | 2,360 | 62,302.36 | 26.40 | .050 | 36.73 | 1.32 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|--------|----|------------|----|--------|------|-----------|----------|
| IMMUNIZATION AND INJECTION | 118 | 290 | | 2,682.75 | | 9.25 | .006 | 22.74 | .06 |
| OTHER SERVICES/ALL X-OVERS | 548 | 1,257 | | 35,983.87 | | 28.63 | .027 | 65.66 | .76 |
| @PHARMACY | 9,968 | 25,887 | \$ | 954,488.22 | \$ | 36.87 | .547 | \$ 95.76 | \$ 20.18 |
| PRESCRIPTION DRUGS | 9,902 | 24,235 | | 936,726.55 | | 38.65 | .512 | 94.60 | 19.81 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 9,902 | 24,235 | | 936,726.55 | | 38.65 | .512 | 94.60 | 19.81 |
| MEDICAL SUPPLIES | 330 | 1,652 | | 17,761.67 | | 10.75 | .035 | 53.82 | .38 |
| @DENTIST | 2,111 | 10,212 | \$ | 367,953.00 | \$ | 36.03 | .216 | \$ 174.30 | \$ 7.78 |
| VISITS - DIAGNOSTIC | 1,555 | 6,475 | | 105,789.00 | | 16.34 | .137 | 68.03 | 2.24 |
| ORAL SURGERY | 248 | 497 | | 31,792.75 | | 63.97 | .011 | 128.20 | .67 |
| DRUGS | 71 | 76 | | 1,794.75 | | 23.62 | .002 | 25.28 | .04 |
| ANESTHESIA | 42 | 43 | | 3,900.00 | | 90.70 | .001 | 92.86 | .08 |
| PERIODONTICS | 44 | 49 | | 6,973.00 | | 142.31 | .001 | 158.48 | .15 |
| ENDODONTICS | 151 | 313 | | 41,606.50 | | 132.93 | .007 | 275.54 | .88 |
| RESTORATIVE DENTISTRY | 780 | 2,532 | | 158,003.00 | | 62.40 | .054 | 202.57 | 3.34 |
| PROSTHETICS | 4 | 5 | | 170.00 | | 34.00 | .000 | 42.50 | .00 |
| DENTURES, STAYPLATES | 18 | 114 | | 9,602.00 | | 84.23 | .002 | 533.44 | .20 |
| SPACE MAINTAINERS | 12 | 17 | | 2,080.00 | | 122.35 | .000 | 173.33 | .04 |
| MAXILLOFACIAL SERVICES | 2 | 2 | | 100.00 | | 50.00 | .000 | 50.00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 53 | 73 | | 5,795.00 | | 79.38 | .002 | 109.34 | .12 |
| ALL OTHER SERVICES | 15 | 16 | | 347.00 | | 21.69 | .000 | 23.13 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 58 ALL FAMILIES | | | | | | | | |

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01/17/03

| 47,288 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 394 | 1,237 | \$ 27,399.41 | \$ 22.15 | .026 | \$ 69.54 | \$.58 |
| DIAGNOSTIC AND ANC. PROCED | 270 | 270 | 12,737.40 | 47.18 | .006 | 47.18 | .27 |
| EYE APPLIANCES | 342 | 966 | 14,624.51 | 15.14 | .020 | 42.76 | .31 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 37.50 | 37.50 | .000 | 37.50 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 21 | 31 | \$ 730.39 | \$ 23.56 | .001 | \$ 34.78 | \$.02 |
| MEDICINE/INJECTIONS | 20 | 28 | 663.77 | 23.71 | .001 | 33.19 | .01 |
| SURGERY/ANES. | 1 | 1 | 32.02 | 32.02 | .000 | 32.02 | .00 |
| RADIO./PATHOLOGY | 2 | 2 | 34.60 | 17.30 | .000 | 17.30 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 58 | 169 | \$ 11,303.42 | \$ 66.88 | .004 | \$ 194.89 | \$.24 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 3 | \$ 76.89 | \$ 25.63 | .000 | \$ 38.45 | \$.00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ 33.56 | \$ 16.78 | .000 | \$ 33.56 | \$.00 |
| @TOTAL HOSPITAL | 4,694 | 16,836 | \$ 2,948,958.38 | \$ 175.16 | .356 | \$ 628.24 | \$ 62.36 |
| HOSP INPATIENT TOTAL | 398 | 1,854 | 2,565,682.47 | 1383.86 | .039 | 6446.44 | 54.26 |
| HSC HOSPITALS | 82 | 876 | 1,112,559.66 | 1270.05 | .019 | 13567.80 | 23.53 |
| NON-HSC HOSPITAL TOTAL | 317 | 967 | 1,451,498.81 | 1501.03 | .020 | 4578.86 | 30.69 |
| ACCOMMODATIONS | 301 | 967 | 518,779.52 | 536.48 | .020 | 1723.52 | 10.97 |
| ADMINISTRATIVE DAYS | 3 | 14 | 3,238.20 | 231.30 | .000 | 1079.40 | .07 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 298 | 953 | 515,541.32 | 540.97 | .020 | 1730.00 | 10.90 |
| ANCILLARIES | 316 | 0 | 932,719.29 | .00 | .000 | 2951.64 | 19.72 |
| INPATIENT CROSSOVERS | 2 | 11 | 1,624.00 | 147.64 | .000 | 812.00 | .03 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|-----------------------------|---|--------|----|------------|-----------|------|------------|----------|-------------|
| HOSP OUTPATIENT TOTAL | 4,450 | 14,982 | | 383,275.91 | 25.58 | .317 | 86.13 | 8.11 | |
| MEDICAL | 570 | 673 | | 21,080.52 | 31.32 | .014 | 36.98 | .45 | |
| SURGERY | 196 | 218 | | 13,904.65 | 63.78 | .005 | 70.94 | .29 | |
| PATHOLOGY | 2,291 | 7,368 | | 90,507.58 | 12.28 | .156 | 39.51 | 1.91 | |
| RADIOLOGY | 1,346 | 1,777 | | 101,476.68 | 57.11 | .038 | 75.39 | 2.15 | |
| ROOM USE | 2,129 | 2,742 | | 119,977.99 | 43.76 | .058 | 56.35 | 2.54 | |
| CROSSOVERS/ALL OTH OUTPTNT | 1,374 | 2,204 | | 36,328.49 | 16.48 | .047 | 26.44 | .77 | |
| @COUNTY HOSPITAL TOTAL | 253 | 1,372 | \$ | 704,877.58 | \$ 513.76 | .029 | \$ 2786.08 | \$ 14.91 | |
| CO HOSPITAL INPATIENT TOTAL | 23 | 506 | | 676,535.00 | 1337.03 | .011 | 29414.57 | 14.31 | |
| HSC HOSPITALS | 23 | 499 | | 670,688.06 | 1344.06 | .011 | 29160.35 | 14.18 | |
| NON-HSC HOSPITALS TOTAL | 1 | 7 | | 5,846.94 | 835.28 | .000 | 5846.94 | .12 | |
| ACCOMMODATIONS | 1 | 7 | | 1,619.10 | 231.30 | .000 | 1619.10 | .03 | |
| ADMINISTRATIVE DAYS | 1 | 7 | | 1,619.10 | 231.30 | .000 | 1619.10 | .03 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 1 | 0 | | 4,227.84 | .00 | .000 | 4227.84 | .09 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 238 | 866 | | 28,342.58 | 32.73 | .018 | 119.09 | .60 | |
| MEDICAL | 52 | 64 | | 3,618.63 | 56.54 | .001 | 69.59 | .08 | |
| SURGERY | 19 | 27 | | 2,217.54 | 82.13 | .001 | 116.71 | .05 | |
| PATHOLOGY | 66 | 271 | | 2,931.05 | 10.82 | .006 | 44.41 | .06 | |
| RADIOLOGY | 52 | 102 | | 7,667.56 | 75.17 | .002 | 147.45 | .16 | |
| ROOM USE | 184 | 264 | | 9,950.58 | 37.69 | .006 | 54.08 | .21 | |
| CROSSOVERS/ALL OTH OUTPTNT | 69 | 138 | | 1,957.22 | 14.18 | .003 | 28.37 | .04 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,567 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 58 ALL FAMILIES | | | | | | | | |

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|-----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 47,288 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 4,496 | 15,464 | \$ 2,244,080.80 | \$ 145.12 | .327 | \$ 499.13 | \$ 47.46 | |
| COMM HOSP INPATIENT TOTAL | 375 | 1,348 | 1,889,147.47 | 1401.44 | .029 | 5037.73 | 39.95 | |
| HSC HOSPITALS | 59 | 377 | 441,871.60 | 1172.07 | .008 | 7489.35 | 9.34 | |
| NON-HSC HOSPITALS TOTAL | 316 | 960 | 1,445,651.87 | 1505.89 | .020 | 4574.85 | 30.57 | |
| ACCOMMODATIONS | 300 | 960 | 517,160.42 | 538.71 | .020 | 1723.87 | 10.94 | |
| ADMINISTRATIVE DAYS | 2 | 7 | 1,619.10 | 231.30 | .000 | 809.55 | .03 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 298 | 953 | 515,541.32 | 540.97 | .020 | 1730.00 | 10.90 | |
| ANCILLARIES | 315 | 0 | 928,491.45 | .00 | .000 | 2947.59 | 19.63 | |
| INPATIENT CROSSOVERS | 2 | 11 | 1,624.00 | 147.64 | .000 | 812.00 | .03 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 4,261 | 14,116 | 354,933.33 | 25.14 | .299 | 83.30 | 7.51 | |
| MEDICAL | 520 | 609 | 17,461.89 | 28.67 | .013 | 33.58 | .37 | |
| SURGERY | 178 | 191 | 11,687.11 | 61.19 | .004 | 65.66 | .25 | |
| PATHOLOGY | 2,236 | 7,097 | 87,576.53 | 12.34 | .150 | 39.17 | 1.85 | |
| RADIOLOGY | 1,300 | 1,675 | 93,809.12 | 56.01 | .035 | 72.16 | 1.98 | |
| ROOM USE | 1,967 | 2,478 | 110,027.41 | 44.40 | .052 | 55.94 | 2.33 | |
| CROSSOVERS/ALL OTH OUTPTNT | 1,312 | 2,066 | 34,371.27 | 16.64 | .044 | 26.20 | .73 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 4 | 115 | \$ 75,868.95 | \$ 659.73 | .002 | \$ 18967.24 | \$ 1.60 | |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 4 | 115 | 75,868.95 | 659.73 | .002 | 18967.24 | 1.60 | |

| | | | | | | | | |
|------------------------------|---|--------|----|------------|----------|------|------------|-------------|
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 17 | 281 | \$ | 25,188.19 | \$ 89.64 | .006 | \$ 1481.66 | \$.53 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 17 | 281 | | 25,188.19 | 89.64 | .006 | 1481.66 | .53 |
| @REHABILITATION FACILITY | 12 | 47 | \$ | 2,165.03 | \$ 46.06 | .001 | \$ 180.42 | \$.05 |
| HOSPITAL BASED | 12 | 47 | | 2,165.03 | 46.06 | .001 | 180.42 | .05 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1,025 | 2,382 | \$ | 46,017.50 | \$ 19.32 | .050 | \$ 44.90 | \$.97 |
| PATHOLOGY | 1,025 | 2,382 | | 46,017.50 | 19.32 | .050 | 44.90 | .97 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 6,282 | 10,524 | \$ | 931,871.70 | \$ 88.55 | .223 | \$ 148.34 | \$ 19.71 |
| CLINIC | 233 | 920 | | 24,684.56 | 26.83 | .019 | 105.94 | .52 |
| SURGICENTER | 1 | 1 | | 90.00 | 90.00 | .000 | 90.00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 6,085 | 9,603 | | 907,097.14 | 94.46 | .203 | 149.07 | 19.18 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,568 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 58 ALL FAMILIES | | | | | | | |

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 47,288 ELIGIBLES | | | | | | | |
| @ALL OTHER PROVIDERS | 1,119 | 7,086 | \$ 132,190.79 | \$ 18.66 | .150 | \$ 118.13 | \$ 2.80 |
| DURABLE MED. EQUIP. | 46 | 93 | 31,619.92 | 340.00 | .002 | 687.39 | .67 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | 6 | 295.39 | 49.23 | .000 | 147.70 | .01 |
| MEDICAL TRANSPORTATION | 154 | 2,484 | 56,048.16 | 22.56 | .053 | 363.95 | 1.19 |
| AMBULANCES/AIR TRANS | 151 | 2,420 | 32,588.94 | 13.47 | .051 | 215.82 | .69 |
| OTHER TRANS | 2 | 51 | 59.22 | 1.16 | .001 | 29.61 | .00 |
| OTHER SERVICES | 13 | 13 | 23,400.00 | 1800.00 | .000 | 1800.00 | .49 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 198 | 199 | 15,182.00 | 76.29 | .004 | 76.68 | .32 |
| IHMC, MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 369 | 839 | 7,660.90 | 9.13 | .018 | 20.76 | .16 |
| PHYSICAL THERAPIST | 29 | 41 | 3,100.45 | 75.62 | .001 | 106.91 | .07 |
| PORTABLE X-RAY | 1 | 2 | 60.26 | 30.13 | .000 | 60.26 | .00 |
| PROSTHETIST/ORTHOTISTS | 18 | 40 | 2,918.15 | 72.95 | .001 | 162.12 | .06 |
| PROSTHETICS | 18 | 39 | 2,829.46 | 72.55 | .001 | 157.19 | .06 |
| ORTHOTICS | 1 | 1 | 88.69 | 88.69 | .000 | 88.69 | .00 |
| PSYCHOLOGIST | 3 | 22 | 1,471.80 | 66.90 | .000 | 490.60 | .03 |
| SPEECH AND AUDIOLOGY | 12 | 41 | 5,580.39 | 136.11 | .001 | 465.03 | .12 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 311 | 1,306 | 8,048.60 | 6.16 | .028 | 25.88 | .17 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 2,013 | 204.77 | .10 | .043 | 102.39 | .00 |
| @CALIF. CHILDREN SERVICES* | 140 | 1,225 | \$ 808,111.26 | \$ 659.68 | .026 | \$ 5772.22 | \$ 17.09 |

@XOVER EXCLUDING STATE HOSP** 31 518 \$ 11,495.99 \$ 22.19 .011 \$ 370.84 \$.24
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,569
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

| 2,053 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,000 | 5,513 | \$ 420,022.35 | \$ 76.19 | 2.685 | \$ 420.02 | \$ 204.59 |
| @PHYSICIANS SERVICES | 357 | 896 | \$ 54,786.73 | \$ 61.15 | .436 | \$ 153.46 | \$ 26.69 |
| OUTPATIENT VISITS | 253 | 386 | 18,058.30 | 46.78 | .188 | 71.38 | 8.80 |
| OFFICE VISITS | 143 | 180 | 6,818.50 | 37.88 | .088 | 47.68 | 3.32 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 87 | 102 | 5,737.51 | 56.25 | .050 | 65.95 | 2.79 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 45 | 101 | 5,382.57 | 53.29 | .049 | 119.61 | 2.62 |
| OTHER OUTPATIENT | 3 | 3 | 119.72 | 39.91 | .001 | 39.91 | .06 |
| INPATIENT VISITS | 32 | 160 | 14,530.93 | 90.82 | .078 | 454.09 | 7.08 |
| HOSPITAL VISITS | 26 | 62 | 2,856.54 | 46.07 | .030 | 109.87 | 1.39 |
| CRITICAL CARE | 6 | 95 | 11,579.39 | 121.89 | .046 | 1929.90 | 5.64 |
| SNF/ICF/TRANS IP CARE | 1 | 3 | 95.00 | 31.67 | .001 | 95.00 | .05 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 169.11 | 56.37 | .001 | 56.37 | .08 |
| EXAMINATIONS | 3 | 3 | 169.11 | 56.37 | .001 | 56.37 | .08 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 31 | 121 | 14,286.29 | 118.07 | .059 | 460.85 | 6.96 |
| PRINCIPAL SURGEON | 22 | 26 | 11,087.12 | 426.43 | .013 | 503.96 | 5.40 |
| ASSISTANT SURGEON | 6 | 6 | 994.12 | 165.69 | .003 | 165.69 | .48 |
| ANESTHESIOLOGIST | 11 | 89 | 2,205.05 | 24.78 | .043 | 200.46 | 1.07 |
| OUTPATIENT SURGERY | 13 | 25 | 1,596.97 | 63.88 | .012 | 122.84 | .78 |
| PRINCIPAL SURGEON | 11 | 14 | 1,396.23 | 99.73 | .007 | 126.93 | .68 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 11 | 200.74 | 18.25 | .005 | 50.19 | .10 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 27 | 46 | 320.13 | 6.96 | .022 | 11.86 | .16 |
| RADIOLOGY | 84 | 111 | 3,729.87 | 33.60 | .054 | 44.40 | 1.82 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 5 | 11 | 114.07 | 10.37 | .005 | 22.81 | .06 |
| OTHER SERVICES/ALL X-OVERS | 20 | 33 | 1,981.06 | 60.03 | .016 | 99.05 | .96 |
| @PHARMACY | 452 | 1,186 | \$ 40,685.69 | \$ 34.30 | .578 | \$ 90.01 | \$ 19.82 |
| PRESCRIPTION DRUGS | 446 | 1,147 | 39,350.18 | 34.31 | .559 | 88.23 | 19.17 |
| SNF/ICF | 12 | 106 | 7,943.94 | 74.94 | .052 | 662.00 | 3.87 |
| OUTPATIENTS | 434 | 1,041 | 31,406.24 | 30.17 | .507 | 72.36 | 15.30 |
| MEDICAL SUPPLIES | 27 | 39 | 1,335.51 | 34.24 | .019 | 49.46 | .65 |
| @DENTIST | 104 | 606 | \$ 15,005.50 | \$ 24.76 | .295 | \$ 144.28 | \$ 7.31 |
| VISITS - DIAGNOSTIC | 84 | 403 | 5,580.50 | 13.85 | .196 | 66.43 | 2.72 |
| ORAL SURGERY | 7 | 14 | 880.00 | 62.86 | .007 | 125.71 | .43 |
| DRUGS | 4 | 4 | 100.00 | 25.00 | .002 | 25.00 | .05 |
| ANESTHESIA | 2 | 2 | 111.00 | 55.50 | .001 | 55.50 | .05 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 8 | 17 | 1,452.75 | 85.46 | .008 | 181.59 | .71 |
| RESTORATIVE DENTISTRY | 41 | 162 | 6,755.75 | 41.70 | .079 | 164.77 | 3.29 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-------|-------|------|-------|-----|
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | 52.50 | 26.25 | .001 | 26.25 | .03 |
| ALL OTHER SERVICES | 3 | 2 | 73.00 | 36.50 | .001 | 24.33 | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,570
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

| | 2,053 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|
| @OPTOMETRIST | 23 | | 69 \$ | 1,517.94 | \$ 22.00 | .034 \$ 66.00 \$.74 |
| DIAGNOSTIC AND ANC. PROCED | 16 | | 18 | 778.96 | 43.28 | .009 48.69 .38 |
| EYE APPLIANCES | 20 | | 51 | 738.98 | 14.49 | .025 36.95 .36 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | .00 | .00 | .000 .00 .00 |
| @CHIROPRACTOR | 1 | | 2 \$ | 33.44 | \$ 16.72 | .001 \$ 33.44 \$.02 |
| VISITS | 1 | | 2 | 33.44 | 16.72 | .001 33.44 .02 |
| OTHER SERVICES | 0 | | 0 | .00 | .00 | .000 .00 .00 |
| @PODIATRIST | 2 | | 3 \$ | 34.65 | \$ 11.55 | .001 \$ 17.33 \$.02 |
| MEDICINE/INJECTIONS | 2 | | 2 | 26.00 | 13.00 | .001 13.00 .01 |
| SURGERY/ANES. | 0 | | 0 | .00 | .00 | .000 .00 .00 |
| RADIO./PATHOLOGY | 1 | | 1 | 8.65 | 8.65 | .000 8.65 .00 |
| OTHER | 0 | | 0 | .00 | .00 | .000 .00 .00 |
| @HOME HEALTH AGENCY | 8 | | 13 \$ | 704.80 | \$ 54.22 | .006 \$ 88.10 \$.34 |
| NURSE ANESTHESIST | 0 | | 0 \$ | .00 | \$.00 | .000 \$.00 \$.00 |
| NURSE MIDWIFE | 0 | | 0 \$ | .00 | \$.00 | .000 \$.00 \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 2 | | 2 \$ | 67.50 | \$ 33.75 | .001 \$ 33.75 \$.03 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 \$ | .00 | \$.00 | .000 \$.00 \$.00 |
| @TOTAL HOSPITAL | 266 | | 1,063 \$ | 170,235.83 | \$ 160.15 | .518 \$ 639.98 \$ 82.92 |
| HOSP INPATIENT TOTAL | 30 | | 139 | 147,698.92 | 1062.58 | .068 4923.30 71.94 |
| HSC HOSPITALS | 7 | | 45 | 44,262.03 | 983.60 | .022 6323.15 21.56 |
| NON-HSC HOSPITAL TOTAL | 23 | | 94 | 103,436.89 | 1100.39 | .046 4497.26 50.38 |
| ACCOMMODATIONS | 23 | | 94 | 45,486.30 | 483.90 | .046 1977.67 22.16 |

| | | | | | | | |
|-----------------------------|-----|-----|-------------|----------|------|-----------|---------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 23 | 94 | 45,486.30 | 483.90 | .046 | 1977.67 | 22.16 |
| ANCILLARIES | 23 | 0 | 57,950.59 | .00 | .000 | 2519.59 | 28.23 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 247 | 924 | 22,536.91 | 24.39 | .450 | 91.24 | 10.98 |
| MEDICAL | 32 | 38 | 1,437.74 | 37.84 | .019 | 44.93 | .70 |
| SURGERY | 4 | 4 | 262.70 | 65.68 | .002 | 65.68 | .13 |
| PATHOLOGY | 136 | 519 | 5,614.99 | 10.82 | .253 | 41.29 | 2.74 |
| RADIOLOGY | 61 | 72 | 5,038.70 | 69.98 | .035 | 82.60 | 2.45 |
| ROOM USE | 116 | 152 | 7,499.84 | 49.34 | .074 | 64.65 | 3.65 |
| CROSSOVERS/ALL OTH OUTPTNT | 74 | 139 | 2,682.94 | 19.30 | .068 | 36.26 | 1.31 |
| @COUNTY HOSPITAL TOTAL | 28 | 83 | \$ 6,249.25 | \$ 75.29 | .040 | \$ 223.19 | \$ 3.04 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 3 | 3,752.00 | 1250.67 | .001 | 1876.00 | 1.83 |
| HSC HOSPITALS | 2 | 3 | 3,752.00 | 1250.67 | .001 | 1876.00 | 1.83 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 27 | 80 | 2,497.25 | 31.22 | .039 | 92.49 | 1.22 |
| MEDICAL | 5 | 5 | 234.91 | 46.98 | .002 | 46.98 | .11 |
| SURGERY | 1 | 1 | 34.82 | 34.82 | .000 | 34.82 | .02 |
| PATHOLOGY | 5 | 15 | 268.64 | 17.91 | .007 | 53.73 | .13 |
| RADIOLOGY | 2 | 2 | 173.42 | 86.71 | .001 | 86.71 | .08 |
| ROOM USE | 18 | 24 | 1,248.51 | 52.02 | .012 | 69.36 | .61 |
| CROSSOVERS/ALL OTH OUTPTNT | 13 | 33 | 536.95 | 16.27 | .016 | 41.30 | .26 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,571
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 2,053 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 243 | 980 | \$ 163,986.58 | \$ 167.33 | .477 | \$ 674.84 | \$ 79.88 | |
| COMM HOSP INPATIENT TOTAL | 28 | 136 | 143,946.92 | 1058.43 | .066 | 5140.96 | 70.12 | |
| HSC HOSPITALS | 5 | 42 | 40,510.03 | 964.52 | .020 | 8102.01 | 19.73 | |
| NON-HSC HOSPITALS TOTAL | 23 | 94 | 103,436.89 | 1100.39 | .046 | 4497.26 | 50.38 | |
| ACCOMMODATIONS | 23 | 94 | 45,486.30 | 483.90 | .046 | 1977.67 | 22.16 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 23 | 94 | 45,486.30 | 483.90 | .046 | 1977.67 | 22.16 | |
| ANCILLARIES | 23 | 0 | 57,950.59 | .00 | .000 | 2519.59 | 28.23 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 225 | 844 | 20,039.66 | 23.74 | .411 | 89.07 | 9.76 | |
| MEDICAL | 27 | 33 | 1,202.83 | 36.45 | .016 | 44.55 | .59 | |
| SURGERY | 3 | 3 | 227.88 | 75.96 | .001 | 75.96 | .11 | |
| PATHOLOGY | 133 | 504 | 5,346.35 | 10.61 | .245 | 40.20 | 2.60 | |
| RADIOLOGY | 59 | 70 | 4,865.28 | 69.50 | .034 | 82.46 | 2.37 | |
| ROOM USE | 98 | 128 | 6,251.33 | 48.84 | .062 | 63.79 | 3.04 | |
| CROSSOVERS/ALL OTH OUTPTNT | 63 | 106 | 2,145.99 | 20.25 | .052 | 34.06 | 1.05 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | |
|------------------------------|---|-----|--------------|-----------|------|------------|----------|
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 15 | 612 | \$ 74,409.52 | \$ 121.58 | .298 | \$ 4960.63 | \$ 36.24 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 15 | 612 | 74,409.52 | 121.58 | .298 | 4960.63 | 36.24 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 46 | 100 | \$ 2,233.47 | \$ 22.33 | .049 | \$ 48.55 | \$ 1.09 |
| PATHOLOGY | 46 | 100 | 2,233.47 | 22.33 | .049 | 48.55 | 1.09 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 293 | 560 | \$ 48,592.37 | \$ 86.77 | .273 | \$ 165.84 | \$ 23.67 |
| CLINIC | 16 | 88 | 2,093.45 | 23.79 | .043 | 130.84 | 1.02 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 281 | 472 | 46,498.92 | 98.51 | .230 | 165.48 | 22.65 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT | | | | | | |

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01/17/03

| | 2,053 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 70 | 401 | \$ 11,714.91 | \$ 29.21 | .195 | \$ 167.36 | \$ 5.71 | |
| DURABLE MED. EQUIP. | 5 | 20 | 4,953.89 | 247.69 | .010 | 990.78 | 2.41 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 5 | 236 | 3,831.05 | 16.23 | .115 | 766.21 | 1.87 | |
| AMBULANCES/AIR TRANS | 5 | 236 | 3,831.05 | 16.23 | .115 | 766.21 | 1.87 | |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| GENETIC DISEASE TESTING | 19 | 19 | 1,378.00 | 72.53 | .009 | 72.53 | .67 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 20 | 43 | 410.97 | 9.56 | .021 | 20.55 | .20 | |
| PHYSICAL THERAPIST | 3 | 3 | 266.07 | 88.69 | .001 | 88.69 | .13 | |
| PORTABLE X-RAY | 2 | 4 | 126.60 | 31.65 | .002 | 63.30 | .06 | |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | | |
|-------------------------------|----|----|----|---------|----|--------|------|-----------|-------|
| LOCAL EDUCATION AGENCIES | 17 | 76 | | 748.33 | | 9.85 | .037 | 44.02 | .36 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 13 | 22 | \$ | 94.72CR | \$ | 4.31CR | .011 | \$ 7.29CR | .05CR |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,574
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,575
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 10,576
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODES | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | ----- MONTHLY AVERAGE ----- | | | |
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 10,577
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|-------------|
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,578 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION | | | | | | AID CODES |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,579
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|---|----|-----|-----|------|------|-----|
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,580
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|--------------------------------|---|---|----|-----|-----|------|-----|-----|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

PAGE 10,581
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | |
|----------------------------|---|---|----|-----|-----|------|-----|-----|
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 62 IRCA ALIENS

PAGE 10,582
01/17/03

AID CODES 51 52 56

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|-----|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| VISITS | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | .000 | \$ | .00 | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .000 | .00 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,583
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|-----|-----|------|-----|-----|--------------------|
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 | |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 | |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 | |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,584 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 62 IRCA ALIENS | | | | | | | | AID CODES 51 52 56 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,585
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 1,612 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 707 | 4,685 | \$ 695,015.67 | \$ 148.35 | 2.906 | \$ 983.05 | \$ 431.15 | |
| @PHYSICIANS SERVICES | 309 | 881 | \$ 87,307.56 | \$ 99.10 | .547 | \$ 282.55 | \$ 54.16 | |
| OUTPATIENT VISITS | 136 | 214 | 15,439.22 | 72.15 | .133 | 113.52 | 9.58 | |
| OFFICE VISITS | 24 | 26 | 1,205.97 | 46.38 | .016 | 50.25 | .75 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 38 | 52 | 3,030.02 | 58.27 | .032 | 79.74 | 1.88 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 84 | 136 | 11,199.87 | 82.35 | .084 | 133.33 | 6.95 | |
| OTHER OUTPATIENT | 0 | 0 | 3.36 | .00 | .000 | .00 | .00 | |
| INPATIENT VISITS | 59 | 137 | 8,595.66 | 62.74 | .085 | 145.69 | 5.33 | |
| HOSPITAL VISITS | 56 | 102 | 4,975.82 | 48.78 | .063 | 88.85 | 3.09 | |
| CRITICAL CARE | 6 | 35 | 3,619.84 | 103.42 | .022 | 603.31 | 2.25 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 90 | 277 | 52,846.41 | 190.78 | .172 | 587.18 | 32.78 | |
| PRINCIPAL SURGEON | 65 | 73 | 46,343.30 | 634.84 | .045 | 712.97 | 28.75 | |
| ASSISTANT SURGEON | 8 | 8 | 1,287.33 | 160.92 | .005 | 160.92 | .80 | |
| ANESTHESIOLOGIST | 25 | 196 | 5,215.78 | 26.61 | .122 | 208.63 | 3.24 | |
| OUTPATIENT SURGERY | 20 | 29 | 2,348.47 | 80.98 | .018 | 117.42 | 1.46 | |
| PRINCIPAL SURGEON | 17 | 23 | 2,231.97 | 97.04 | .014 | 131.29 | 1.38 | |

| | | | | | | | |
|----------------------------|-----|-----|--------------|----------|------|----------|---------|
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 6 | 116.50 | 19.42 | .004 | 23.30 | .07 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 11 | 17 | 120.99 | 7.12 | .011 | 11.00 | .08 |
| RADIOLOGY | 123 | 162 | 6,488.53 | 40.05 | .100 | 52.75 | 4.03 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 3 | 9 | 56.71 | 6.30 | .006 | 18.90 | .04 |
| OTHER SERVICES/ALL X-OVERS | 26 | 36 | 1,411.57 | 39.21 | .022 | 54.29 | .88 |
| @PHARMACY | 238 | 453 | \$ 10,723.21 | \$ 23.67 | .281 | \$ 45.06 | \$ 6.65 |
| PRESCRIPTION DRUGS | 236 | 448 | 10,523.47 | 23.49 | .278 | 44.59 | 6.53 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 236 | 448 | 10,523.47 | 23.49 | .278 | 44.59 | 6.53 |
| MEDICAL SUPPLIES | 4 | 5 | 199.74 | 39.95 | .003 | 49.94 | .12 |
| @DENTIST | 2 | 5 | \$ 25.00 | \$ 5.00 | .003 | \$ 12.50 | \$.02 |
| VISITS - DIAGNOSTIC | 2 | 5 | 25.00 | 5.00 | .003 | 12.50 | .02 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 10,586 01/17/03

| 1,612 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 22 | 33 | \$ 1,888.89 | \$ 57.24 | .020 | \$ 85.86 | \$ 1.17 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 286 | 1,250 | \$ 435,212.28 | \$ 348.17 | .775 | \$ 1521.72 | \$ 269.98 |
| HOSP INPATIENT TOTAL | 75 | 348 | 419,130.73 | 1204.40 | .216 | 5588.41 | 260.01 |
| HSC HOSPITALS | 14 | 121 | 139,992.05 | 1156.96 | .075 | 9999.43 | 86.84 |
| NON-HSC HOSPITAL TOTAL | 61 | 217 | 278,346.68 | 1282.70 | .135 | 4563.06 | 172.67 |
| ACCOMMODATIONS | 56 | 217 | 105,139.05 | 484.51 | .135 | 1877.48 | 65.22 |

| | | | | | | | |
|-----------------------------|-----|-----|-------------|-----------|------|-----------|---------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 56 | 217 | 105,139.05 | 484.51 | .135 | 1877.48 | 65.22 |
| ANCILLARIES | 61 | 0 | 173,207.63 | .00 | .000 | 2839.47 | 107.45 |
| INPATIENT CROSSOVERS | 1 | 10 | 792.00 | 79.20 | .006 | 792.00 | .49 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 246 | 902 | 16,081.55 | 17.83 | .560 | 65.37 | 9.98 |
| MEDICAL | 9 | 10 | 399.08 | 39.91 | .006 | 44.34 | .25 |
| SURGERY | 7 | 6 | 324.31 | 54.05 | .004 | 46.33 | .20 |
| PATHOLOGY | 193 | 697 | 7,314.19 | 10.49 | .432 | 37.90 | 4.54 |
| RADIOLOGY | 57 | 66 | 3,674.23 | 55.67 | .041 | 64.46 | 2.28 |
| ROOM USE | 56 | 67 | 3,048.71 | 45.50 | .042 | 54.44 | 1.89 |
| CROSSOVERS/ALL OTH OUTPTNT | 41 | 56 | 1,321.03 | 23.59 | .035 | 32.22 | .82 |
| @COUNTY HOSPITAL TOTAL | 9 | 22 | \$ 7,048.77 | \$ 320.40 | .014 | \$ 783.20 | \$ 4.37 |
| CO HOSPITAL INPATIENT TOTAL | 3 | 5 | 6,456.03 | 1291.21 | .003 | 2152.01 | 4.00 |
| HSC HOSPITALS | 3 | 5 | 6,456.03 | 1291.21 | .003 | 2152.01 | 4.00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 8 | 17 | 592.74 | 34.87 | .011 | 74.09 | .37 |
| MEDICAL | 1 | 1 | 102.29 | 102.29 | .001 | 102.29 | .06 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 6 | 43.14 | 7.19 | .004 | 14.38 | .03 |
| RADIOLOGY | 3 | 3 | 221.14 | 73.71 | .002 | 73.71 | .14 |
| ROOM USE | 4 | 4 | 154.44 | 38.61 | .002 | 38.61 | .10 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 3 | 71.73 | 23.91 | .002 | 23.91 | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,587
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 1,612 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 278 | 1,228 | \$ 428,163.51 | \$ 348.67 | .762 | \$ 1540.16 | \$ 265.61 | |
| COMM HOSP INPATIENT TOTAL | 72 | 343 | 412,674.70 | 1203.13 | .213 | 5731.59 | 256.00 | |
| HSC HOSPITALS | 11 | 116 | 133,536.02 | 1151.17 | .072 | 12139.64 | 82.84 | |
| NON-HSC HOSPITALS TOTAL | 61 | 217 | 278,346.68 | 1282.70 | .135 | 4563.06 | 172.67 | |
| ACCOMMODATIONS | 56 | 217 | 105,139.05 | 484.51 | .135 | 1877.48 | 65.22 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 56 | 217 | 105,139.05 | 484.51 | .135 | 1877.48 | 65.22 | |
| ANCILLARIES | 61 | 0 | 173,207.63 | .00 | .000 | 2839.47 | 107.45 | |
| INPATIENT CROSSOVERS | 1 | 10 | 792.00 | 79.20 | .006 | 792.00 | .49 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 239 | 885 | 15,488.81 | 17.50 | .549 | 64.81 | 9.61 | |
| MEDICAL | 8 | 9 | 296.79 | 32.98 | .006 | 37.10 | .18 | |
| SURGERY | 7 | 6 | 324.31 | 54.05 | .004 | 46.33 | .20 | |
| PATHOLOGY | 190 | 691 | 7,271.05 | 10.52 | .429 | 38.27 | 4.51 | |
| RADIOLOGY | 54 | 63 | 3,453.09 | 54.81 | .039 | 63.95 | 2.14 | |
| ROOM USE | 52 | 63 | 2,894.27 | 45.94 | .039 | 55.66 | 1.80 | |
| CROSSOVERS/ALL OTH OUTPTNT | 38 | 53 | 1,249.30 | 23.57 | .033 | 32.88 | .78 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | | | |
|------------------------------|-----|-------|----|------------|----|--------|------|-----|--------|
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 74 | 147 | \$ | 2,741.90 | \$ | 18.65 | .091 | \$ | 37.05 |
| PATHOLOGY | 74 | 147 | | 2,741.90 | | 18.65 | .091 | | 37.05 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 300 | 1,409 | \$ | 147,345.82 | \$ | 104.57 | .874 | \$ | 491.15 |
| CLINIC | 14 | 45 | | 1,384.96 | | 30.78 | .028 | | 98.93 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| RURAL HEALTH CLINIC | 286 | 1,364 | | 145,960.86 | | 107.01 | .846 | | 510.35 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | | |
| MOP024 | | | | | | | | | |
| SAN BENITO COUNTY | | | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 10,588
01/17/03

| | 1,612 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | MONTHLY AVERAGE COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-------------------------------------|----------------------|
| @ALL OTHER PROVIDERS | 77 | | 507 | \$ 9,771.01 | \$ 19.27 | .315 | \$ 126.90 | \$ 6.06 |
| DURABLE MED. EQUIP. | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 11 | | 418 | 3,083.40 | 7.38 | .259 | 280.31 | 1.91 |
| AMBULANCES/AIR TRANS | 11 | | 418 | 3,083.40 | 7.38 | .259 | 280.31 | 1.91 |
| OTHER TRANS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 48 | | 49 | 3,954.00 | 80.69 | .030 | 82.38 | 2.45 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 13 | | 25 | 1,650.75 | 66.03 | .016 | 126.98 | 1.02 |
| PORTABLE X-RAY | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 7 | | 15 | 1,082.86 | 72.19 | .009 | 154.69 | .67 |
| PROSTHETICS | 7 | | 15 | 1,082.86 | 72.19 | .009 | 154.69 | .67 |
| ORTHOTICS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|-------------------------------|---|----|----|-----------|------------|------|------------|----------|
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 8 | 51 | \$ | 67,537.51 | \$ 1324.26 | .032 | \$ 8442.19 | \$ 41.90 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 1 | \$ | 826.58 | \$ 826.58 | .001 | \$ 413.29 | \$.51 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|-------------------------------------|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,589 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 64 REFUGEES | AID CODES 01 02 08 | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,590
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | | | | | |
|-----------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 64 REFUGEES | | | | | | | | | | |
| AID CODES 01 02 08 | | | | | | | | | | | |

PAGE 10,591
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 64 REFUGEES

PAGE 10,592
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,593
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

| 26 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 34 | 519 | \$ 32,158.27 | \$ 61.96 | 19.962 | \$ 945.83 | \$ 1236.86 |
| @PHYSICIANS SERVICES | 25 | 339 | \$ 18,277.55 | \$ 53.92 | 13.038 | \$ 731.10 | \$ 702.98 |
| OUTPATIENT VISITS | 20 | 22 | 750.00 | 34.09 | .846 | 37.50 | 28.85 |
| OFFICE VISITS | 20 | 22 | 750.00 | 34.09 | .846 | 37.50 | 28.85 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 3 | 13 | 1,064.42 | 81.88 | .500 | 354.81 | 40.94 |
| PRINCIPAL SURGEON | 1 | 1 | 705.88 | 705.88 | .038 | 705.88 | 27.15 |
| ASSISTANT SURGEON | 1 | 1 | 141.10 | 141.10 | .038 | 141.10 | 5.43 |
| ANESTHESIOLOGIST | 1 | 11 | 217.44 | 19.77 | .423 | 217.44 | 8.36 |
| OUTPATIENT SURGERY | 7 | 29 | 1,189.21 | 41.01 | 1.115 | 169.89 | 45.74 |
| PRINCIPAL SURGEON | 3 | 4 | 661.86 | 165.47 | .154 | 220.62 | 25.46 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 25 | 527.35 | 21.09 | .962 | 131.84 | 20.28 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 12 | 144.60 | 12.05 | .462 | 48.20 | 5.56 |
| RADIOLOGY | 10 | 17 | 691.42 | 40.67 | .654 | 69.14 | 26.59 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 7 | 210 | 13,545.24 | 64.50 | 8.077 | 1935.03 | 520.97 |
| OTHER SERVICES/ALL X-OVERS | 10 | 36 | 892.66 | 24.80 | 1.385 | 89.27 | 34.33 |
| @PHARMACY | 19 | 35 | \$ 3,663.06 | \$ 104.66 | 1.346 | \$ 192.79 | \$ 140.89 |
| PRESCRIPTION DRUGS | 19 | 35 | 3,663.06 | 104.66 | 1.346 | 192.79 | 140.89 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 19 | 35 | 3,663.06 | 104.66 | 1.346 | 192.79 | 140.89 |

| | | | | | | | | |
|----------------------------|---|----|----|--------|----------|------|-----------------|----------|
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 5 | 16 | \$ | 485.00 | \$ 30.31 | .615 | \$ 97.00 | \$ 18.65 |
| VISITS - DIAGNOSTIC | 2 | 10 | | 81.00 | 8.10 | .385 | 40.50 | 3.12 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 1 | | 200.00 | 200.00 | .038 | 200.00 | 7.69 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 2 | 5 | | 204.00 | 40.80 | .192 | 102.00 | 7.85 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,594 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL | | | | | | AID CODES 0M 0N | |

| 26 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|----|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 21 | 126 | \$ | 9,648.47 | \$ 76.58 | 4.846 | \$ 459.45 | \$ 371.10 |
| HOSP INPATIENT TOTAL | 1 | 1 | | 5,452.92 | 5452.92 | .038 | 5452.92 | 209.73 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 1 | | 5,452.92 | 5452.92 | .038 | 5452.92 | 209.73 |
| ACCOMMODATIONS | 1 | 1 | | 545.70 | 545.70 | .038 | 545.70 | 20.99 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 1 | | 545.70 | 545.70 | .038 | 545.70 | 20.99 |
| ANCILLARIES | 1 | 0 | | 4,907.22 | .00 | .000 | 4907.22 | 188.74 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 20 | 125 | | 4,195.55 | 33.56 | 4.808 | 209.78 | 161.37 |
| MEDICAL | 1 | 1 | | 123.67 | 123.67 | .038 | 123.67 | 4.76 |
| SURGERY | 4 | 4 | | 411.94 | 102.99 | .154 | 102.99 | 15.84 |
| PATHOLOGY | 19 | 65 | | 737.99 | 11.35 | 2.500 | 38.84 | 28.38 |
| RADIOLOGY | 12 | 21 | | 1,747.29 | 83.20 | .808 | 145.61 | 67.20 |
| ROOM USE | 10 | 15 | | 881.06 | 58.74 | .577 | 88.11 | 33.89 |

| | | | | | | | | | |
|-----------------------------|----|----|----|--------|----|-------|------|-------|-------|
| CROSSEOVERS/ALL OTH OUTPTNT | 12 | 19 | | 293.60 | | 15.45 | .731 | 24.47 | 11.29 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,595
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

| 26 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 21 | 126 | \$ 9,648.47 | \$ 76.58 | 4.846 | \$ 459.45 | \$ 371.10 |
| COMM HOSP INPATIENT TOTAL | 1 | 1 | 5,452.92 | 5452.92 | .038 | 5452.92 | 209.73 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 1 | 5,452.92 | 5452.92 | .038 | 5452.92 | 209.73 |
| ACCOMMODATIONS | 1 | 1 | 545.70 | 545.70 | .038 | 545.70 | 20.99 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|----|-----|----------|----------|-------|----------|---------|
| ALL OTHER ACCOM | 1 | 1 | 545.70 | 545.70 | .038 | 545.70 | 20.99 |
| ANCILLARIES | 1 | 0 | 4,907.22 | .00 | .000 | 4907.22 | 188.74 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 20 | 125 | 4,195.55 | 33.56 | 4.808 | 209.78 | 161.37 |
| MEDICAL | 1 | 1 | 123.67 | 123.67 | .038 | 123.67 | 4.76 |
| SURGERY | 4 | 4 | 411.94 | 102.99 | .154 | 102.99 | 15.84 |
| PATHOLOGY | 19 | 65 | 737.99 | 11.35 | 2.500 | 38.84 | 28.38 |
| RADIOLOGY | 12 | 21 | 1,747.29 | 83.20 | .808 | 145.61 | 67.20 |
| ROOM USE | 10 | 15 | 881.06 | 58.74 | .577 | 88.11 | 33.89 |
| CROSSOVERS/ALL OTH OUTPTNT | 12 | 19 | 293.60 | 15.45 | .731 | 24.47 | 11.29 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 2 | 2 | \$ 56.26 | \$ 28.13 | .077 | \$ 28.13 | \$ 2.16 |
| PATHOLOGY | 2 | 2 | 56.26 | 28.13 | .077 | 28.13 | 2.16 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,596
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

| 26 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 1 | 1 | \$ 27.93 | \$ 27.93 | .038 | \$ 27.93 | \$ 1.07 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|--------------------------------|---|---|--------|--------|------|--------|--------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 1 | 27.93 | 27.93 | .038 | 27.93 | 1.07 |
| PROSTHETICS | 1 | 1 | 27.93 | 27.93 | .038 | 27.93 | 1.07 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|---|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,597 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY | AID CODES OR 0T | |

| 02 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 3 | 16 | \$ 270.98 | \$ 16.94 | 8.000 | \$ 90.33 | \$ 135.49 |
| @PHYSICIANS SERVICES | 1 | 1 | \$ 24.00 | \$ 24.00 | .500 | \$ 24.00 | \$ 12.00 |
| OUTPATIENT VISITS | 1 | 1 | 24.00 | 24.00 | .500 | 24.00 | 12.00 |
| OFFICE VISITS | 1 | 1 | 24.00 | 24.00 | .500 | 24.00 | 12.00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|---|----|-----|-----|------|-----|-----|
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 10,598
01/17/03

| 02 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|----|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .000 | .00 | .00 | |
| EYE APPLIANCES | 0 | 0 | | .00 | .000 | .00 | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| VISITS | 0 | 0 | | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .000 | \$ | .00 | \$ |
| @TOTAL HOSPITAL | 3 | 13 | \$ | 190.72 | 6.500 | \$ | 63.57 | \$ |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .000 | .00 | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-----------------------------|---|----|--------|--------|-------|--------|--------|
| HOSP OUTPATIENT TOTAL | 3 | 13 | 190.72 | 14.67 | 6.500 | 63.57 | 95.36 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 13 | 190.72 | 14.67 | 6.500 | 63.57 | 95.36 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,599
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

| 02 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 3 | 13 | \$ 190.72 | \$ 14.67 | 6.500 | \$ 63.57 | \$ 95.36 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | 13 | 190.72 | 14.67 | 6.500 | 63.57 | 95.36 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 13 | 190.72 | 14.67 | 6.500 | 63.57 | 95.36 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|---|----|-------|-----|-------|-------|-------------------|
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 2 | 2 | \$ | 56.26 | \$ | 28.13 | 1.000 | \$ 28.13 \$ 28.13 |
| PATHOLOGY | 2 | 2 | | 56.26 | | 28.13 | 1.000 | 28.13 28.13 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,600
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR 0T

| 02 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,601 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL | | |

| 28 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 37 | 535 | \$ 32,429.25 | \$ 60.62 | 19.107 | \$ 876.47 | \$ 1158.19 |
| @PHYSICIANS SERVICES | 26 | 340 | \$ 18,301.55 | \$ 53.83 | 12.143 | \$ 703.91 | \$ 653.63 |
| OUTPATIENT VISITS | 21 | 23 | 774.00 | 33.65 | .821 | 36.86 | 27.64 |
| OFFICE VISITS | 21 | 23 | 774.00 | 33.65 | .821 | 36.86 | 27.64 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 3 | 13 | 1,064.42 | 81.88 | .464 | 354.81 | 38.02 |
| PRINCIPAL SURGEON | 1 | 1 | 705.88 | 705.88 | .036 | 705.88 | 25.21 |
| ASSISTANT SURGEON | 1 | 1 | 141.10 | 141.10 | .036 | 141.10 | 5.04 |
| ANESTHESIOLOGIST | 1 | 11 | 217.44 | 19.77 | .393 | 217.44 | 7.77 |
| OUTPATIENT SURGERY | 7 | 29 | 1,189.21 | 41.01 | 1.036 | 169.89 | 42.47 |
| PRINCIPAL SURGEON | 3 | 4 | 661.86 | 165.47 | .143 | 220.62 | 23.64 |

| | | | | | | | | |
|----------------------------|----|-----|----|-----------|-----------|-------|-----------|-----------|
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 25 | | 527.35 | 21.09 | .893 | 131.84 | 18.83 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 12 | | 144.60 | 12.05 | .429 | 48.20 | 5.16 |
| RADIOLOGY | 10 | 17 | | 691.42 | 40.67 | .607 | 69.14 | 24.69 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 7 | 210 | | 13,545.24 | 64.50 | 7.500 | 1935.03 | 483.76 |
| OTHER SERVICES/ALL X-OVERS | 10 | 36 | | 892.66 | 24.80 | 1.286 | 89.27 | 31.88 |
| @PHARMACY | 19 | 35 | \$ | 3,663.06 | \$ 104.66 | 1.250 | \$ 192.79 | \$ 130.82 |
| PRESCRIPTION DRUGS | 19 | 35 | | 3,663.06 | 104.66 | 1.250 | 192.79 | 130.82 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 19 | 35 | | 3,663.06 | 104.66 | 1.250 | 192.79 | 130.82 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 5 | 16 | \$ | 485.00 | \$ 30.31 | .571 | \$ 97.00 | \$ 17.32 |
| VISITS - DIAGNOSTIC | 2 | 10 | | 81.00 | 8.10 | .357 | 40.50 | 2.89 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 1 | | 200.00 | 200.00 | .036 | 200.00 | 7.14 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 2 | 5 | | 204.00 | 40.80 | .179 | 102.00 | 7.29 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,602
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

| 28 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @TOTAL HOSPITAL | 24 | 139 | \$ 9,839.19 | \$ 70.79 | 4.964 \$ 409.97 \$ 351.40 |
| HOSP INPATIENT TOTAL | 1 | 1 | 5,452.92 | 5452.92 | .036 5452.92 194.75 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 1 | 5,452.92 | 5452.92 | .036 5452.92 194.75 |
| ACCOMMODATIONS | 1 | 1 | 545.70 | 545.70 | .036 545.70 19.49 |

| | | | | | | | |
|-----------------------------|----|-----|----------|--------|-------|---------|--------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 1 | 545.70 | 545.70 | .036 | 545.70 | 19.49 |
| ANCILLARIES | 1 | 0 | 4,907.22 | .00 | .000 | 4907.22 | 175.26 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 23 | 138 | 4,386.27 | 31.78 | 4.929 | 190.71 | 156.65 |
| MEDICAL | 1 | 1 | 123.67 | 123.67 | .036 | 123.67 | 4.42 |
| SURGERY | 4 | 4 | 411.94 | 102.99 | .143 | 102.99 | 14.71 |
| PATHOLOGY | 22 | 78 | 928.71 | 11.91 | 2.786 | 42.21 | 33.17 |
| RADIOLOGY | 12 | 21 | 1,747.29 | 83.20 | .750 | 145.61 | 62.40 |
| ROOM USE | 10 | 15 | 881.06 | 58.74 | .536 | 88.11 | 31.47 |
| CROSSOVERS/ALL OTH OUTPTNT | 12 | 19 | 293.60 | 15.45 | .679 | 24.47 | 10.49 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,603
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

| | 28 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 24 | 139 | \$ | 9,839.19 | \$ 70.79 | 4.964 | \$ 409.97 | \$ 351.40 |
| COMM HOSP INPATIENT TOTAL | 1 | 1 | | 5,452.92 | 5452.92 | .036 | 5452.92 | 194.75 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 1 | | 5,452.92 | 5452.92 | .036 | 5452.92 | 194.75 |
| ACCOMMODATIONS | 1 | 1 | | 545.70 | 545.70 | .036 | 545.70 | 19.49 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 1 | | 545.70 | 545.70 | .036 | 545.70 | 19.49 |
| ANCILLARIES | 1 | 0 | | 4,907.22 | .00 | .000 | 4907.22 | 175.26 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 23 | 138 | | 4,386.27 | 31.78 | 4.929 | 190.71 | 156.65 |
| MEDICAL | 1 | 1 | | 123.67 | 123.67 | .036 | 123.67 | 4.42 |
| SURGERY | 4 | 4 | | 411.94 | 102.99 | .143 | 102.99 | 14.71 |
| PATHOLOGY | 22 | 78 | | 928.71 | 11.91 | 2.786 | 42.21 | 33.17 |
| RADIOLOGY | 12 | 21 | | 1,747.29 | 83.20 | .750 | 145.61 | 62.40 |
| ROOM USE | 10 | 15 | | 881.06 | 58.74 | .536 | 88.11 | 31.47 |
| CROSSOVERS/ALL OTH OUTPTNT | 12 | 19 | | 293.60 | 15.45 | .679 | 24.47 | 10.49 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | |
|------------------------------|---|---|----|--------|----|-------|------|-----|-------|
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 4 | 4 | \$ | 112.52 | \$ | 28.13 | .143 | \$ | 28.13 |
| PATHOLOGY | 4 | 4 | | 112.52 | | 28.13 | .143 | | 28.13 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,604
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

| | 28 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 1 | | 1 | \$ 27.93 | \$ 27.93 | .036 | \$ 27.93 | \$ 1.00 |
| DURABLE MED. EQUIP. | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | | 1 | 27.93 | 27.93 | .036 | 27.93 | 1.00 |
| PROSTHETICS | 1 | | 1 | 27.93 | 27.93 | .036 | 27.93 | 1.00 |
| ORTHOTICS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,605

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

| 95 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 19 | 76 | \$ 1,975.34 | \$ 25.99 | .800 | \$ 103.97 | \$ 20.79 |
| @PHYSICIANS SERVICES | 16 | 26 | \$ 186.31 | \$ 7.17 | .274 | \$ 11.64 | \$ 1.96 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|----|----|----|--------|------|------|-------|------|
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 16 | 26 | | 186.31 | 7.17 | .274 | 11.64 | 1.96 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,606
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

| 95 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|-----------------------------|---|----|----|----------|----|--------|------|----|--------|----|-------------|
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 7 | 35 | \$ | 1,616.97 | \$ | 46.20 | .368 | \$ | 231.00 | \$ | 17.02 |
| HOSP INPATIENT TOTAL | 1 | 4 | | 812.00 | | 203.00 | .042 | | 812.00 | | 8.55 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 4 | | 812.00 | | 203.00 | .042 | | 812.00 | | 8.55 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 6 | 31 | | 804.97 | | 25.97 | .326 | | 134.16 | | 8.47 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 31 | | 804.97 | | 25.97 | .326 | | 134.16 | | 8.47 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | PAGE 10,607 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 68 QMB - ONLY | | | | | | | | | | |

| 95 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODE | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | ----- MONTHLY AVERAGE ----- | | | |
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 7 | 35 | \$ 1,616.97 | \$ 46.20 | .368 | \$ 231.00 | \$ 17.02 |
| COMM HOSP INPATIENT TOTAL | 1 | 4 | 812.00 | 203.00 | .042 | 812.00 | 8.55 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 4 | 812.00 | 203.00 | .042 | 812.00 | 8.55 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 6 | 31 | 804.97 | 25.97 | .326 | 134.16 | 8.47 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|----|----|--------|-------|------|--------|------|
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 31 | | 804.97 | 25.97 | .326 | 134.16 | 8.47 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 68 QMB - ONLY

PAGE 10,608
01/17/03

| 95 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODE | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | ----- MONTHLY AVERAGE ----- | | | |
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 2 | 15 | \$ 172.06 | \$ 11.47 | .158 | \$ 86.03 | \$ 1.81 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 2 | 15 | 172.06 | 11.47 | .158 | 86.03 | 1.81 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 2 | 15 | 172.06 | 11.47 | .158 | 86.03 | 1.81 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|----|-----|----------|------|-------|-------------------------|
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 19 | 72 | \$ | 1,975.34 | \$ | 27.44 | .758 \$ 103.97 \$ 20.79 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

PAGE 10,609
01/17/03

| | 1,342 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 515 | 1,551 | \$ | 58,932.91 | \$ 38.00 | 1.156 | \$ 114.43 | \$ 43.91 |
| @PHYSICIANS SERVICES | 179 | 290 | \$ | 10,574.43 | \$ 36.46 | .216 | \$ 59.08 | \$ 7.88 |
| OUTPATIENT VISITS | 157 | 189 | | 7,002.52 | 37.05 | .141 | 44.60 | 5.22 |
| OFFICE VISITS | 106 | 123 | | 4,222.78 | 34.33 | .092 | 39.84 | 3.15 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 55 | 62 | | 2,676.28 | 43.17 | .046 | 48.66 | 1.99 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 4 | 4 | | 103.46 | 25.87 | .003 | 25.87 | .08 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 1 | | 129.19 | 129.19 | .001 | 129.19 | .10 |
| PRINCIPAL SURGEON | 1 | 1 | | 129.19 | 129.19 | .001 | 129.19 | .10 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 15 | 43 | | 1,890.46 | 43.96 | .032 | 126.03 | 1.41 |
| PRINCIPAL SURGEON | 9 | 10 | | 1,099.02 | 109.90 | .007 | 122.11 | .82 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 6 | 33 | | 791.44 | 23.98 | .025 | 131.91 | .59 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 10 | 11 | | 87.07 | 7.92 | .008 | 8.71 | .06 |
| RADIOLOGY | 23 | 29 | | 400.18 | 13.80 | .022 | 17.40 | .30 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 8 | 17 | | 1,065.01 | 62.65 | .013 | 133.13 | .79 |
| @PHARMACY | 250 | 565 | \$ | 9,297.74 | \$ 16.46 | .421 | \$ 37.19 | \$ 6.93 |
| PRESCRIPTION DRUGS | 249 | 552 | | 9,053.08 | 16.40 | .411 | 36.36 | 6.75 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 249 | 552 | | 9,053.08 | 16.40 | .411 | 36.36 | 6.75 |

| | | | | | | | | |
|----------------------------|---|-----|----|----------|----------|------|--------------------|---------|
| MEDICAL SUPPLIES | 13 | 13 | | 244.66 | 18.82 | .010 | 18.82 | .18 |
| @DENTIST | 36 | 273 | \$ | 7,916.00 | \$ 29.00 | .203 | \$ 219.89 | \$ 5.90 |
| VISITS - DIAGNOSTIC | 31 | 156 | | 1,856.00 | 11.90 | .116 | 59.87 | 1.38 |
| ORAL SURGERY | 4 | 6 | | 218.00 | 36.33 | .004 | 54.50 | .16 |
| DRUGS | 7 | 8 | | 175.00 | 21.88 | .006 | 25.00 | .13 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 7 | 26 | | 1,420.00 | 54.62 | .019 | 202.86 | 1.06 |
| RESTORATIVE DENTISTRY | 13 | 75 | | 4,127.00 | 55.03 | .056 | 317.46 | 3.08 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 1 | 1 | | 120.00 | 120.00 | .001 | 120.00 | .09 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 1 | | .00 | .00 | .001 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,610 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 69 133% PROGRAM | | | | | | AID CODES 72 74 8N | |

| | 1,342 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|----|-----|----|-----------|----------|------|-----------|---------|
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 83 | 216 | \$ | 12,014.48 | \$ 55.62 | .161 | \$ 144.75 | \$ 8.95 |
| HOSP INPATIENT TOTAL | 2 | 2 | | 5,123.53 | 2561.77 | .001 | 2561.77 | 3.82 |
| HSC HOSPITALS | 1 | 1 | | 1,900.00 | 1900.00 | .001 | 1900.00 | 1.42 |
| NON-HSC HOSPITAL TOTAL | 1 | 1 | | 3,223.53 | 3223.53 | .001 | 3223.53 | 2.40 |
| ACCOMMODATIONS | 1 | 1 | | 583.95 | 583.95 | .001 | 583.95 | .44 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 1 | | 583.95 | 583.95 | .001 | 583.95 | .44 |
| ANCILLARIES | 1 | 0 | | 2,639.58 | .00 | .000 | 2639.58 | 1.97 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 82 | 214 | | 6,890.95 | 32.20 | .159 | 84.04 | 5.13 |
| MEDICAL | 9 | 8 | | 285.49 | 35.69 | .006 | 31.72 | .21 |
| SURGERY | 7 | 7 | | 557.41 | 79.63 | .005 | 79.63 | .42 |
| PATHOLOGY | 25 | 61 | | 651.17 | 10.67 | .045 | 26.05 | .49 |
| RADIOLOGY | 18 | 22 | | 1,122.70 | 51.03 | .016 | 62.37 | .84 |
| ROOM USE | 57 | 70 | | 3,470.33 | 49.58 | .052 | 60.88 | 2.59 |
| CROSSOVERS/ALL OTH OUTPTNT | 33 | 46 | | 803.85 | 17.48 | .034 | 24.36 | .60 |
| @COUNTY HOSPITAL TOTAL | 2 | 2 | \$ | 70.10 | \$ 35.05 | .001 | \$ 35.05 | \$.05 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 2 | | 70.10 | 35.05 | .001 | 35.05 | .05 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 1 | | 27.30 | 27.30 | .001 | 27.30 | .02 |
| ROOM USE | 1 | 1 | | 42.80 | 42.80 | .001 | 42.80 | .03 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,611
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

| | 1,342 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 81 | 214 | \$ | 11,944.38 | \$ 55.81 | .159 | \$ 147.46 | \$ 8.90 |
| COMM HOSP INPATIENT TOTAL | 2 | 2 | | 5,123.53 | 2561.77 | .001 | 2561.77 | 3.82 |
| HSC HOSPITALS | 1 | 1 | | 1,900.00 | 1900.00 | .001 | 1900.00 | 1.42 |
| NON-HSC HOSPITALS TOTAL | 1 | 1 | | 3,223.53 | 3223.53 | .001 | 3223.53 | 2.40 |
| ACCOMMODATIONS | 1 | 1 | | 583.95 | 583.95 | .001 | 583.95 | .44 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|-----|----|-----------|----------|------|-----------|-------------|
| ALL OTHER ACCOM | 1 | 1 | | 583.95 | 583.95 | .001 | 583.95 | .44 |
| ANCILLARIES | 1 | 0 | | 2,639.58 | .00 | .000 | 2639.58 | 1.97 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 80 | 212 | | 6,820.85 | 32.17 | .158 | 85.26 | 5.08 |
| MEDICAL | 9 | 8 | | 285.49 | 35.69 | .006 | 31.72 | .21 |
| SURGERY | 7 | 7 | | 557.41 | 79.63 | .005 | 79.63 | .42 |
| PATHOLOGY | 25 | 61 | | 651.17 | 10.67 | .045 | 26.05 | .49 |
| RADIOLOGY | 17 | 21 | | 1,095.40 | 52.16 | .016 | 64.44 | .82 |
| ROOM USE | 56 | 69 | | 3,427.53 | 49.67 | .051 | 61.21 | 2.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 33 | 46 | | 803.85 | 17.48 | .034 | 24.36 | .60 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 5 | 12 | \$ | 276.33 | \$ 23.03 | .009 | \$ 55.27 | \$.21 |
| PATHOLOGY | 5 | 12 | | 276.33 | 23.03 | .009 | 55.27 | .21 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 151 | 188 | \$ | 18,302.41 | \$ 97.35 | .140 | \$ 121.21 | \$ 13.64 |
| CLINIC | 1 | 1 | | 32.62 | 32.62 | .001 | 32.62 | .02 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 150 | 187 | | 18,269.79 | 97.70 | .139 | 121.80 | 13.61 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | PAGE 10,612 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 69 133% PROGRAM | | | | | | | |
| | AID CODES 72 74 8N | | | | | | | |

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|----|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 1,342 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 3 | 7 | \$ | 551.52 | \$ 78.79 | .005 | \$ 183.84 | \$.41 | |
| DURABLE MED. EQUIP. | 1 | 1 | | 99.99 | 99.99 | .001 | 99.99 | .07 | |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 1 | 5 | | 138.73 | 27.75 | .004 | 138.73 | .10 | |
| AMBULANCES/AIR TRANS | 1 | 5 | | 138.73 | 27.75 | .004 | 138.73 | .10 | |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | |
|--------------------------------|----|----|----|----------|-----------|------|-----------|---------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 1 | | 312.80 | 312.80 | .001 | 312.80 | .23 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 10 | 17 | \$ | 3,074.12 | \$ 180.83 | .013 | \$ 307.41 | \$ 2.29 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|--------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,613 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 70 100% PROGRAM | AID CODES 7A 7C 8R |

| 864 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 200 | 753 | \$ 53,478.11 | \$ 71.02 | .872 | \$ 267.39 | \$ 61.90 |
| @PHYSICIANS SERVICES | 55 | 105 | \$ 7,620.95 | \$ 72.58 | .122 | \$ 138.56 | \$ 8.82 |
| OUTPATIENT VISITS | 35 | 42 | 2,484.63 | 59.16 | .049 | 70.99 | 2.88 |
| OFFICE VISITS | 13 | 15 | 806.88 | 53.79 | .017 | 62.07 | .93 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 9 | 9 | 421.42 | 46.82 | .010 | 46.82 | .49 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 3 | 5 | 434.06 | 86.81 | .006 | 144.69 | .50 |
| OTHER OUTPATIENT | 10 | 13 | 822.27 | 63.25 | .015 | 82.23 | .95 |
| INPATIENT VISITS | 3 | 3 | 159.91 | 53.30 | .003 | 53.30 | .19 |
| HOSPITAL VISITS | 3 | 3 | 159.91 | 53.30 | .003 | 53.30 | .19 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 4 | 4 | 1,666.54 | 416.64 | .005 | 416.64 | 1.93 |
| PRINCIPAL SURGEON | 3 | 3 | 1,480.04 | 493.35 | .003 | 493.35 | 1.71 |
| ASSISTANT SURGEON | 1 | 1 | 186.50 | 186.50 | .001 | 186.50 | .22 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 11 | 26 | 2,428.49 | 93.40 | .030 | 220.77 | 2.81 |
| PRINCIPAL SURGEON | 9 | 9 | 1,816.59 | 201.84 | .010 | 201.84 | 2.10 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 17 | 611.90 | 35.99 | .020 | 122.38 | .71 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 6 | 8 | 158.71 | 19.84 | .009 | 26.45 | .18 |
| RADIOLOGY | 13 | 13 | 448.27 | 34.48 | .015 | 34.48 | .52 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|-----|----|----------|--------------------|-------|------|-----------|---------|
| IMMUNIZATION AND INJECTION | 2 | 5 | | 142.07 | | 28.41 | .006 | 71.04 | .16 |
| OTHER SERVICES/ALL X-OVERS | 4 | 4 | | 132.33 | | 33.08 | .005 | 33.08 | .15 |
| @PHARMACY | 56 | 128 | \$ | 3,500.28 | \$ | 27.35 | .148 | \$ 62.51 | \$ 4.05 |
| PRESCRIPTION DRUGS | 55 | 126 | | 3,475.59 | | 27.58 | .146 | 63.19 | 4.02 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 55 | 126 | | 3,475.59 | | 27.58 | .146 | 63.19 | 4.02 |
| MEDICAL SUPPLIES | 2 | 2 | | 24.69 | | 12.35 | .002 | 12.35 | .03 |
| @DENTIST | 29 | 155 | \$ | 4,842.00 | \$ | 31.24 | .179 | \$ 166.97 | \$ 5.60 |
| VISITS - DIAGNOSTIC | 21 | 101 | | 2,099.00 | | 20.78 | .117 | 99.95 | 2.43 |
| ORAL SURGERY | 6 | 9 | | 301.00 | | 33.44 | .010 | 50.17 | .35 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 1 | | 71.00 | | 71.00 | .001 | 71.00 | .08 |
| RESTORATIVE DENTISTRY | 11 | 31 | | 1,421.00 | | 45.84 | .036 | 129.18 | 1.64 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 4 | 12 | | 950.00 | | 79.17 | .014 | 237.50 | 1.10 |
| ALL OTHER SERVICES | 1 | 1 | | .00 | | .00 | .001 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 70 100% PROGRAM | | | | | | | | |
| | | | | | AID CODES 7A 7C 8R | | | | |

PAGE 10,614
01/17/03

| 864 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 4 | 13 | \$ 218.85 | \$ 16.83 | .015 | \$ 54.71 | \$.25 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .001 | 47.45 | .05 |
| EYE APPLIANCES | 4 | 12 | 171.40 | 14.28 | .014 | 42.85 | .20 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 2 | 7 | \$ 479.29 | \$ 68.47 | .008 | \$ 239.65 | \$.55 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 47 | 165 | \$ 23,120.32 | \$ 140.12 | .191 | \$ 491.92 | \$ 26.76 |
| HOSP INPATIENT TOTAL | 3 | 17 | 17,318.35 | 1018.73 | .020 | 5772.78 | 20.04 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 3 | 17 | 17,318.35 | 1018.73 | .020 | 5772.78 | 20.04 |
| ACCOMMODATIONS | 3 | 17 | 7,884.60 | 463.80 | .020 | 2628.20 | 9.13 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 3 | 17 | 7,884.60 | 463.80 | .020 | 2628.20 | 9.13 |
| ANCILLARIES | 3 | 0 | 9,433.75 | .00 | .000 | 3144.58 | 10.92 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|------------------|--------------|--------------|-----------------------------|-----------|--------------------|
| HOSP OUTPATIENT TOTAL | 45 | 148 | 5,801.97 | 39.20 | .171 | 128.93 | 6.72 |
| MEDICAL | 0 | 0 | 482.52 | .00 | .000 | .00 | .56 |
| SURGERY | 7 | 7 | 396.20 | 56.60 | .008 | 56.60 | .46 |
| PATHOLOGY | 26 | 74 | 865.16 | 11.69 | .086 | 33.28 | 1.00 |
| RADIOLOGY | 8 | 8 | 403.49 | 50.44 | .009 | 50.44 | .47 |
| ROOM USE | 26 | 37 | 1,913.33 | 51.71 | .043 | 73.59 | 2.21 |
| CROSSTOVERS/ALL OTH OUTPTNT | 13 | 22 | 1,741.27 | 79.15 | .025 | 133.94 | 2.02 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSTOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSTOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | PAGE 10,615 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 70 100% PROGRAM | | | | | | AID CODES 7A 7C 8R |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 864 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 47 | 165 | \$ 23,120.32 | \$ 140.12 | .191 | \$ 491.92 | \$ 26.76 |

| | | | | | | | | |
|------------------------------|----|-----|----|-----------|----------|------|-----------|----------|
| COMM HOSP INPATIENT TOTAL | 3 | 17 | | 17,318.35 | 1018.73 | .020 | 5772.78 | 20.04 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 3 | 17 | | 17,318.35 | 1018.73 | .020 | 5772.78 | 20.04 |
| ACCOMMODATIONS | 3 | 17 | | 7,884.60 | 463.80 | .020 | 2628.20 | 9.13 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 3 | 17 | | 7,884.60 | 463.80 | .020 | 2628.20 | 9.13 |
| ANCILLARIES | 3 | 0 | | 9,433.75 | .00 | .000 | 3144.58 | 10.92 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 45 | 148 | | 5,801.97 | 39.20 | .171 | 128.93 | 6.72 |
| MEDICAL | 0 | 0 | | 482.52 | .00 | .000 | .00 | .56 |
| SURGERY | 7 | 7 | | 396.20 | 56.60 | .008 | 56.60 | .46 |
| PATHOLOGY | 26 | 74 | | 865.16 | 11.69 | .086 | 33.28 | 1.00 |
| RADIOLOGY | 8 | 8 | | 403.49 | 50.44 | .009 | 50.44 | .47 |
| ROOM USE | 26 | 37 | | 1,913.33 | 51.71 | .043 | 73.59 | 2.21 |
| CROSSOVERS/ALL OTH OUTPTNT | 13 | 22 | | 1,741.27 | 79.15 | .025 | 133.94 | 2.02 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | 20.66 | \$.00 | .000 | \$.00 | \$.02 |
| HOSPITAL BASED | 0 | 0 | | 20.66 | .00 | .000 | .00 | .02 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 6 | 10 | \$ | 274.58 | \$ 27.46 | .012 | \$ 45.76 | \$.32 |
| PATHOLOGY | 6 | 10 | | 274.58 | 27.46 | .012 | 45.76 | .32 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 64 | 144 | \$ | 12,904.23 | \$ 89.61 | .167 | \$ 201.63 | \$ 14.94 |
| CLINIC | 5 | 18 | | 446.72 | 24.82 | .021 | 89.34 | .52 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 60 | 126 | | 12,457.51 | 98.87 | .146 | 207.63 | 14.42 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

| 864 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 16 | 26 | \$ 496.95 | \$ 19.11 | .030 | \$ 31.06 | \$.58 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 1 | 3 | 131.63 | 43.88 | .003 | 131.63 | .15 |

| | | | | | | | |
|-------------------------------|----|----|-------------|----------|------|-----------|---------|
| AMBULANCES/AIR TRANS | 1 | 3 | 131.63 | 43.88 | .003 | 131.63 | .15 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 2 | 2 | 160.00 | 80.00 | .002 | 80.00 | .19 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 | 6 | 49.92 | 8.32 | .007 | 16.64 | .06 |
| PHYSICAL THERAPIST | 1 | 1 | 88.69 | 88.69 | .001 | 88.69 | .10 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 9 | 14 | 66.71 | 4.77 | .016 | 7.41 | .08 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 23 | 71 | \$ 6,698.05 | \$ 94.34 | .082 | \$ 291.22 | \$ 7.75 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,617 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,013 | 4,288 | \$ 304,494.81 | \$ 71.01 | .000 | \$ 300.59 | \$.00 |
| @PHYSICIANS SERVICES | 107 | 179 | \$ 8,621.35 | \$ 48.16 | .000 | \$ 80.57 | \$.00 |
| OUTPATIENT VISITS | 38 | 64 | 4,012.17 | 62.69 | .000 | 105.58 | .00 |
| OFFICE VISITS | 8 | 8 | 132.62 | 16.58 | .000 | 16.58 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 30 | 56 | 3,879.55 | 69.28 | .000 | 129.32 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 19 | 430.07 | 22.64 | .000 | 215.04 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 19 | 430.07 | 22.64 | .000 | 215.04 | .00 |
| OUTPATIENT SURGERY | 5 | 12 | 775.29 | 64.61 | .000 | 155.06 | .00 |
| PRINCIPAL SURGEON | 3 | 5 | 601.28 | 120.26 | .000 | 200.43 | .00 |

| | | | | | | | | | |
|----------------------------|-----|-------|----|-----------|----|-------|------|----------|--------|
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 7 | | 174.01 | | 24.86 | .000 | 87.01 | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 12 | 12 | | 76.84 | | 6.40 | .000 | 6.40 | .00 |
| RADIOLOGY | 70 | 72 | | 3,326.98 | | 46.21 | .000 | 47.53 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PHARMACY | 383 | 1,040 | \$ | 10,940.30 | \$ | 10.52 | .000 | \$ 28.56 | \$.00 |
| PRESCRIPTION DRUGS | 373 | 1,019 | | 9,755.80 | | 9.57 | .000 | 26.15 | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 373 | 1,019 | | 9,755.80 | | 9.57 | .000 | 26.15 | .00 |
| MEDICAL SUPPLIES | 14 | 21 | | 1,184.50 | | 56.40 | .000 | 84.61 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

PAGE 10,618
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|-----|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | .00 |
| @TOTAL HOSPITAL | 199 | 280 | \$ 7,078.49 | \$ 25.28 | .000 | \$ 35.57 | \$.00 | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | .00 |

| | | | | | | | |
|-----------------------------|-----|-----|-----------|----------|------|----------|--------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 199 | 280 | 7,078.49 | 25.28 | .000 | 35.57 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 3 | 3 | 91.12 | 30.37 | .000 | 30.37 | .00 |
| PATHOLOGY | 169 | 222 | 3,210.91 | 14.46 | .000 | 19.00 | .00 |
| RADIOLOGY | 35 | 35 | 2,752.27 | 78.64 | .000 | 78.64 | .00 |
| ROOM USE | 17 | 17 | 631.25 | 37.13 | .000 | 37.13 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 3 | 392.94 | 130.98 | .000 | 130.98 | .00 |
| @COUNTY HOSPITAL TOTAL | 2 | 2 | \$ 100.22 | \$ 50.11 | .000 | \$ 50.11 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 2 | 100.22 | 50.11 | .000 | 50.11 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 30.00 | 30.00 | .000 | 30.00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 70.22 | 70.22 | .000 | 70.22 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,619
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @COMMUNITY HOSPITAL TOTAL | 197 | 278 | \$ 6,978.27 | \$ 25.10 | .000 | \$ | 35.42 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 197 | 278 | 6,978.27 | 25.10 | .000 | | 35.42 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 3 | 3 | 91.12 | 30.37 | .000 | | 30.37 | .00 |
| PATHOLOGY | 169 | 222 | 3,210.91 | 14.46 | .000 | | 19.00 | .00 |
| RADIOLOGY | 35 | 35 | 2,752.27 | 78.64 | .000 | | 78.64 | .00 |
| ROOM USE | 16 | 16 | 601.25 | 37.58 | .000 | | 37.58 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 322.72 | 161.36 | .000 | | 161.36 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |

| | | | | | | | | |
|------------------------------|-----|-------|----|------------|-----|--------|-----|-----------|
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 148 | 195 | \$ | 3,865.94 | \$ | 19.83 | \$ | 26.12 \$ |
| PATHOLOGY | 148 | 195 | | 3,865.94 | | 19.83 | | 26.12 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 592 | 2,546 | \$ | 269,138.73 | \$ | 105.71 | \$ | 454.63 \$ |
| CLINIC | 3 | 34 | | 1,013.72 | | 29.82 | | 337.91 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 589 | 2,512 | | 268,125.01 | | 106.74 | | 455.22 |

#CALIF DEPT OF HEALTH SERV
 MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

PAGE 10,620
 01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--------------|-------|------------------|--------------|--------------|------------|----------|----------|
|--------------|-------|------------------|--------------|--------------|------------|----------|----------|

----- MONTHLY AVERAGE -----

| | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|-------------------------------|-----------------|----|--------------|-----------|------|------------------|
| @ALL OTHER PROVIDERS | 48 | \$ | 4,850.00 | \$ 101.04 | .000 | \$ 101.04 \$.00 |
| DURABLE MED. EQUIP. | 0 | | .00 | .00 | .000 | .00 .00 |
| BLOOD BANK | 0 | | .00 | .00 | .000 | .00 .00 |
| HEARING AID DISPENSERS | 0 | | .00 | .00 | .000 | .00 .00 |
| MEDICAL TRANSPORTATION | 0 | | .00 | .00 | .000 | .00 .00 |
| AMBULANCES/AIR TRANS | 0 | | .00 | .00 | .000 | .00 .00 |
| OTHER TRANS | 0 | | .00 | .00 | .000 | .00 .00 |
| OTHER SERVICES | 0 | | .00 | .00 | .000 | .00 .00 |
| ACUPUNCTURE | 0 | | .00 | .00 | .000 | .00 .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | .00 | .00 | .000 | .00 .00 |
| GENETIC DISEASE TESTING | 48 | | 4,850.00 | 101.04 | .000 | 101.04 .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | | .00 | .00 | .000 | .00 .00 |
| OCCUPATIONAL THERAPIST | 0 | | .00 | .00 | .000 | .00 .00 |
| OPTICIAN | 0 | | .00 | .00 | .000 | .00 .00 |
| PHYSICAL THERAPIST | 0 | | .00 | .00 | .000 | .00 .00 |
| PORTABLE X-RAY | 0 | | .00 | .00 | .000 | .00 .00 |
| PROSTHETIST/ORTHOTISTS | 0 | | .00 | .00 | .000 | .00 .00 |
| PROSTHETICS | 0 | | .00 | .00 | .000 | .00 .00 |
| ORTHOTICS | 0 | | .00 | .00 | .000 | .00 .00 |
| PSYCHOLOGIST | 0 | | .00 | .00 | .000 | .00 .00 |
| SPEECH AND AUDIOLOGY | 0 | | .00 | .00 | .000 | .00 .00 |
| HOSPICE SERVICES | 0 | | .00 | .00 | .000 | .00 .00 |
| NONINST BIRTHING CENTERS | 0 | | .00 | .00 | .000 | .00 .00 |
| LOCAL EDUCATION AGENCIES | 0 | | .00 | .00 | .000 | .00 .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | | .00 | .00 | .000 | .00 .00 |
| RESPIRATORY CARE PRACT. | 0 | | .00 | .00 | .000 | .00 .00 |
| PED SUBACUTE REHAB/WEANING | 0 | | .00 | .00 | .000 | .00 .00 |
| ALL OTHER PROVIDERS | 0 | | .00 | .00 | .000 | .00 .00 |
| @CALIF. CHILDREN SERVICES* | 0 | \$ | .00 | \$.00 | .000 | \$.00 \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | \$ | .00 | \$.00 | .000 | \$.00 \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,621
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,622
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|-----------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE | | | | | | | | | | |

PAGE 10,623
01/17/03

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | .00 | \$ | .00 | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | | .00 | |
| MEDICAL | 0 | 0 | | .00 | .00 | | .00 | |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

PAGE 10,624
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,625
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

| 247 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 234 | 1,157 | \$ 139,718.66 | \$ 120.76 | 4.684 | \$ 597.09 | \$ 565.66 |
| @PHYSICIANS SERVICES | 128 | 427 | \$ 34,753.94 | \$ 81.39 | 1.729 | \$ 271.52 | \$ 140.70 |
| OUTPATIENT VISITS | 58 | 90 | 6,276.96 | 69.74 | .364 | 108.22 | 25.41 |
| OFFICE VISITS | 20 | 24 | 1,066.89 | 44.45 | .097 | 53.34 | 4.32 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 6 | 6 | 454.81 | 75.80 | .024 | 75.80 | 1.84 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 38 | 60 | 4,755.26 | 79.25 | .243 | 125.14 | 19.25 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 15 | 38 | 1,973.74 | 51.94 | .154 | 131.58 | 7.99 |

| | | | | | | | |
|----------------------------|----|----|-------------|----------|------|----------|---------|
| HOSPITAL VISITS | 14 | 35 | 1,712.55 | 48.93 | .142 | 122.33 | 6.93 |
| CRITICAL CARE | 1 | 3 | 261.19 | 87.06 | .012 | 261.19 | 1.06 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 29 | 49 | 18,093.14 | 369.25 | .198 | 623.90 | 73.25 |
| PRINCIPAL SURGEON | 23 | 22 | 16,948.11 | 770.37 | .089 | 736.87 | 68.62 |
| ASSISTANT SURGEON | 3 | 3 | 454.97 | 151.66 | .012 | 151.66 | 1.84 |
| ANESTHESIOLOGIST | 5 | 24 | 690.06 | 28.75 | .097 | 138.01 | 2.79 |
| OUTPATIENT SURGERY | 20 | 38 | 4,367.93 | 114.95 | .154 | 218.40 | 17.68 |
| PRINCIPAL SURGEON | 20 | 26 | 4,009.61 | 154.22 | .105 | 200.48 | 16.23 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 12 | 12 | 358.32 | 29.86 | .049 | 29.86 | 1.45 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 19 | 47 | 202.74 | 4.31 | .190 | 10.67 | .82 |
| RADIOLOGY | 43 | 47 | 2,898.58 | 61.67 | .190 | 67.41 | 11.74 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 21 | 70 | 448.83 | 6.41 | .283 | 21.37 | 1.82 |
| OTHER SERVICES/ALL X-OVERS | 18 | 48 | 492.02 | 10.25 | .194 | 27.33 | 1.99 |
| @PHARMACY | 46 | 89 | \$ 1,307.13 | \$ 14.69 | .360 | \$ 28.42 | \$ 5.29 |
| PRESCRIPTION DRUGS | 46 | 87 | 1,307.13 | 15.02 | .352 | 28.42 | 5.29 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 46 | 87 | 1,307.13 | 15.02 | .352 | 28.42 | 5.29 |
| MEDICAL SUPPLIES | 1 | 2 | .00 | .00 | .008 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,626
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

| 247 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|----|-----|----|-----------|-----------|-------|-----------|-----------|
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 7 | 15 | \$ | 943.98 | \$ 62.93 | .061 | \$ 134.85 | \$ 3.82 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 96 | 356 | \$ | 79,189.44 | \$ 222.44 | 1.441 | \$ 824.89 | \$ 320.61 |
| HOSP INPATIENT TOTAL | 21 | 67 | | 74,596.12 | 1113.37 | .271 | 3552.20 | 302.01 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 21 | 67 | | 74,596.12 | 1113.37 | .271 | 3552.20 | 302.01 |
| ACCOMMODATIONS | 19 | 67 | | 31,087.85 | 464.00 | .271 | 1636.20 | 125.86 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 19 | 67 | | 31,087.85 | 464.00 | .271 | 1636.20 | 125.86 |
| ANCILLARIES | 21 | 0 | | 43,508.27 | .00 | .000 | 2071.82 | 176.15 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 83 | 289 | | 4,593.32 | 15.89 | 1.170 | 55.34 | 18.60 |
| MEDICAL | 1 | 1 | | 32.19 | 32.19 | .004 | 32.19 | .13 |
| SURGERY | 0 | 0 | | 22.58 | .00 | .000 | .00 | .09 |
| PATHOLOGY | 61 | 234 | | 2,543.71 | 10.87 | .947 | 41.70 | 10.30 |
| RADIOLOGY | 11 | 12 | | 771.31 | 64.28 | .049 | 70.12 | 3.12 |
| ROOM USE | 20 | 22 | | 954.13 | 43.37 | .089 | 47.71 | 3.86 |
| CROSSOVERS/ALL OTH OUTPTNT | 14 | 20 | | 269.40 | 13.47 | .081 | 19.24 | 1.09 |
| @COUNTY HOSPITAL TOTAL | 1 | 3 | \$ | 90.00 | \$ 30.00 | .012 | \$ 90.00 | \$.36 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 3 | | 90.00 | 30.00 | .012 | 90.00 | .36 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 3 | | 90.00 | 30.00 | .012 | 90.00 | .36 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,627
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

| 247 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 96 | 353 | \$ 79,099.44 | \$ 224.08 | 1.429 | \$ 823.95 | \$ 320.24 |
| COMM HOSP INPATIENT TOTAL | 21 | 67 | 74,596.12 | 1113.37 | .271 | 3552.20 | 302.01 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 21 | 67 | 74,596.12 | 1113.37 | .271 | 3552.20 | 302.01 |
| ACCOMMODATIONS | 19 | 67 | 31,087.85 | 464.00 | .271 | 1636.20 | 125.86 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|----|-----|-----------|--------|-------|---------|--------|
| ALL OTHER ACCOM | 19 | 67 | 31,087.85 | 464.00 | .271 | 1636.20 | 125.86 |
| ANCILLARIES | 21 | 0 | 43,508.27 | .00 | .000 | 2071.82 | 176.15 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 82 | 286 | 4,503.32 | 15.75 | 1.158 | 54.92 | 18.23 |
| MEDICAL | 1 | 1 | 32.19 | 32.19 | .004 | 32.19 | .13 |
| SURGERY | 0 | 0 | 22.58 | .00 | .000 | .00 | .09 |
| PATHOLOGY | 61 | 234 | 2,543.71 | 10.87 | .947 | 41.70 | 10.30 |
| RADIOLOGY | 11 | 12 | 771.31 | 64.28 | .049 | 70.12 | 3.12 |
| ROOM USE | 19 | 19 | 864.13 | 45.48 | .077 | 45.48 | 3.50 |
| CROSSOVERS/ALL OTH OUTPTNT | 14 | 20 | 269.40 | 13.47 | .081 | 19.24 | 1.09 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 28 | 36 | 792.08 | 22.00 | .146 | 28.29 | 3.21 |
| PATHOLOGY | 28 | 36 | 792.08 | 22.00 | .146 | 28.29 | 3.21 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 64 | 220 | 21,428.40 | 97.40 | .891 | 334.82 | 86.75 |
| CLINIC | 12 | 29 | 1,471.39 | 50.74 | .117 | 122.62 | 5.96 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 52 | 191 | 19,957.01 | 104.49 | .773 | 383.79 | 80.80 |

#CALIF DEPT OF HEALTH SERV MOP024
 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

| | 247 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|---------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 13 | 14 | \$ | 1,303.69 | \$ 93.12 | .057 | \$ 100.28 | \$ 5.28 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 12 | 13 | | 1,215.00 | 93.46 | .053 | 101.25 | 4.92 |

| | | | | | | | |
|--------------------------------|---|---|--------|--------|------|--------|--------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 1 | 1 | 88.69 | 88.69 | .004 | 88.69 | .36 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|---|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,629 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 74 FOR FUTURE USE | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|---|----|-----|-----|------|-----|-----|
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 10,630
01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | .000 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,631
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 10,632

01/17/03

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|--------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 10,633 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC | AID CODES 6N |

| 33 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 12 | 30 | \$ 3,689.11 | \$ 122.97 | .909 | \$ | 307.43 | \$ 111.79 |
| @PHYSICIANS SERVICES | 2 | 3 | \$ 97.47 | \$ 32.49 | .091 | \$ | 48.74 | \$ 2.95 |
| OUTPATIENT VISITS | 1 | 1 | 75.17 | 75.17 | .030 | | 75.17 | 2.28 |
| OFFICE VISITS | 1 | 1 | 75.17 | 75.17 | .030 | | 75.17 | 2.28 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|----|----|----------|-----------|------|-----------|-----------|
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 2 | | 22.30 | 11.15 | .061 | 22.30 | .68 |
| @PHARMACY | 8 | 18 | \$ | 3,364.75 | \$ 186.93 | .545 | \$ 420.59 | \$ 101.96 |
| PRESCRIPTION DRUGS | 6 | 14 | | 3,305.78 | 236.13 | .424 | 550.96 | 100.18 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 6 | 14 | | 3,305.78 | 236.13 | .424 | 550.96 | 100.18 |
| MEDICAL SUPPLIES | 4 | 4 | | 58.97 | 14.74 | .121 | 14.74 | 1.79 |
| @DENTIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,634
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

| 33 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 1 | 4 | \$ 90.30 | \$ 22.58 | .121 | \$ 90.30 | \$ 2.74 | |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | 47.45 | .030 | 47.45 | 1.44 | |
| EYE APPLIANCES | 1 | 3 | 42.85 | 14.28 | .091 | 42.85 | 1.30 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @TOTAL HOSPITAL | 1 | 2 | \$ 42.02 | \$ 21.01 | .061 | \$ 42.02 | \$ 1.27 | |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 2 | 42.02 | 21.01 | .061 | 42.02 | 1.27 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | 3.62 | .00 | .000 | .00 | .11 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | 18.28 | .00 | .000 | .00 | .55 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 20.12 | 10.06 | .061 | 20.12 | .61 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,635

| 33 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @COMMUNITY HOSPITAL TOTAL | 1 | 2 | \$ 42.02 | \$ 21.01 | .061 | | \$ 42.02 | \$ 1.27 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 2 | 42.02 | 21.01 | .061 | | 42.02 | 1.27 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | 3.62 | .00 | .000 | | .00 | .11 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 0 | 0 | 18.28 | .00 | .000 | | .00 | .55 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 20.12 | 10.06 | .061 | | 20.12 | .61 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ 77.93 | \$ 77.93 | .030 | | \$ 77.93 | \$ 2.36 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | 77.93 | 77.93 | .030 | | 77.93 | 2.36 |

| 33 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | MONTHLY AVERAGE | | COST PER | COST PER |
|--------------|-------|------------------|--------------|--------------|-----------------|--|----------|----------|
| | | | | | UNITS/DAYS | | | |

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|-------------------------------|---|-----------------|----|-------|--------------|----------|----------|----------|
| @ALL OTHER PROVIDERS | 1 | 2 | \$ | 16.64 | \$ 8.32 | .061 | \$ 16.64 | \$.50 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | | 16.64 | 8.32 | .061 | 16.64 | .50 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 4 | \$ | 39.84 | \$ 9.96 | .121 | \$ 19.92 | \$ 1.21 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,637
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

| 71,455 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------|-------------------------------------|------------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 36,314 | 449,601 | \$ 19,605,297.24 | \$ 43.61 | 6.292 | \$ 539.88 | \$ 274.37 |
| @PHYSICIANS SERVICES | 11,686 | 31,208 | \$ 1,505,828.77 | \$ 48.25 | .437 | \$ 128.86 | \$ 21.07 |
| OUTPATIENT VISITS | 6,917 | 9,766 | 445,850.83 | 45.65 | .137 | 64.46 | 6.24 |
| OFFICE VISITS | 3,988 | 5,117 | 182,232.47 | 35.61 | .072 | 45.70 | 2.55 |
| HOME VISITS | 8 | 12 | 417.23 | 34.77 | .000 | 52.15 | .01 |
| EMERGENCY ROOM | 2,501 | 3,066 | 159,460.84 | 52.01 | .043 | 63.76 | 2.23 |
| PREVENTIVE CARE | 6 | 6 | 306.45 | 51.08 | .000 | 51.08 | .00 |
| OB VISITS/COMPRI PERI | 716 | 1,214 | 91,999.11 | 75.78 | .017 | 128.49 | 1.29 |
| OTHER OUTPATIENT | 244 | 351 | 11,434.73 | 32.58 | .005 | 46.86 | .16 |
| INPATIENT VISITS | 690 | 2,149 | 158,254.29 | 73.64 | .030 | 229.35 | 2.21 |
| HOSPITAL VISITS | 615 | 1,492 | 72,029.22 | 48.28 | .021 | 117.12 | 1.01 |
| CRITICAL CARE | 80 | 603 | 84,399.00 | 139.97 | .008 | 1054.99 | 1.18 |
| SNF/ICF/TRANS IP CARE | 36 | 54 | 1,826.07 | 33.82 | .001 | 50.72 | .03 |
| OPHTHALMOLOGICAL SERVICES | 70 | 91 | 3,826.08 | 42.04 | .001 | 54.66 | .05 |
| EXAMINATIONS | 70 | 91 | 3,826.08 | 42.04 | .001 | 54.66 | .05 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|---------|----|--------------|----|--------|-------|-----------|-------------|
| INPATIENT HOSPITAL SURGERY | 819 | 2,692 | | 466,710.72 | | 173.37 | .038 | 569.85 | 6.53 |
| PRINCIPAL SURGEON | 566 | 647 | | 393,941.16 | | 608.87 | .009 | 696.01 | 5.51 |
| ASSISTANT SURGEON | 121 | 121 | | 20,358.66 | | 168.25 | .002 | 168.25 | .28 |
| ANESTHESIOLOGIST | 255 | 1,924 | | 52,410.90 | | 27.24 | .027 | 205.53 | .73 |
| OUTPATIENT SURGERY | 768 | 1,715 | | 127,506.14 | | 74.35 | .024 | 166.02 | 1.78 |
| PRINCIPAL SURGEON | 635 | 812 | | 103,299.29 | | 127.22 | .011 | 162.68 | 1.45 |
| ASSISTANT SURGEON | 6 | 6 | | 1,021.90 | | 170.32 | .000 | 170.32 | .01 |
| ANESTHESIOLOGIST | 228 | 897 | | 23,184.95 | | 25.85 | .013 | 101.69 | .32 |
| DIALYSIS | 40 | 209 | | 12,289.73 | | 58.80 | .003 | 307.24 | .17 |
| PATHOLOGY | 813 | 1,654 | | 13,210.67 | | 7.99 | .023 | 16.25 | .18 |
| RADIOLOGY | 2,817 | 4,095 | | 126,589.59 | | 30.91 | .057 | 44.94 | 1.77 |
| PSYCHIATRY | 1 | 1 | | 43.42 | | 43.42 | .000 | 43.42 | .00 |
| IMMUNIZATION AND INJECTION | 183 | 651 | | 17,980.17 | | 27.62 | .009 | 98.25 | .25 |
| OTHER SERVICES/ALL X-OVERS | 2,596 | 8,185 | | 133,567.13 | | 16.32 | .115 | 51.45 | 1.87 |
| @PHARMACY | 21,220 | 102,819 | \$ | 3,974,612.89 | \$ | 38.66 | 1.439 | \$ 187.31 | \$ 55.62 |
| PRESCRIPTION DRUGS | 20,967 | 66,106 | | 3,844,224.71 | | 58.15 | .925 | 183.35 | 53.80 |
| SNF/ICF | 518 | 3,622 | | 233,768.06 | | 64.54 | .051 | 451.29 | 3.27 |
| OUTPATIENTS | 20,462 | 62,484 | | 3,610,456.65 | | 57.78 | .874 | 176.45 | 50.53 |
| MEDICAL SUPPLIES | 1,528 | 36,713 | | 130,388.18 | | 3.55 | .514 | 85.33 | 1.82 |
| @DENTIST | 2,966 | 14,132 | \$ | 534,887.00 | \$ | 37.85 | .198 | \$ 180.34 | \$ 7.49 |
| VISITS - DIAGNOSTIC | 2,144 | 8,946 | | 143,273.82 | | 16.02 | .125 | 66.83 | 2.01 |
| ORAL SURGERY | 361 | 776 | | 47,251.50 | | 60.89 | .011 | 130.89 | .66 |
| DRUGS | 83 | 89 | | 2,094.75 | | 23.54 | .001 | 25.24 | .03 |
| ANESTHESIA | 57 | 58 | | 5,111.00 | | 88.12 | .001 | 89.67 | .07 |
| PERIODONTICS | 88 | 98 | | 14,248.00 | | 145.39 | .001 | 161.91 | .20 |
| ENDODONTICS | 202 | 414 | | 58,035.25 | | 140.18 | .006 | 287.30 | .81 |
| RESTORATIVE DENTISTRY | 1,043 | 3,317 | | 217,546.50 | | 65.59 | .046 | 208.58 | 3.04 |
| PROSTHETICS | 7 | 8 | | 270.00 | | 33.75 | .000 | 38.57 | .00 |
| DENTURES, STAYPLATES | 88 | 291 | | 37,328.68 | | 128.28 | .004 | 424.19 | .52 |
| SPACE MAINTAINERS | 13 | 18 | | 2,200.00 | | 122.22 | .000 | 169.23 | .03 |
| MAXILLOFACIAL SERVICES | 2 | 2 | | 100.00 | | 50.00 | .000 | 50.00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 62 | 90 | | 7,007.50 | | 77.86 | .001 | 113.02 | .10 |
| ALL OTHER SERVICES | 25 | 25 | | 420.00 | | 16.80 | .000 | 16.80 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | | | | | | | | PAGE 10,638 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/17/03 |
| SAN BENITO COUNTY | SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED | | | | | | | | |

| | 71,455 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 634 | 2,009 | \$ | 44,437.58 | \$ 22.12 | .028 | \$ 70.09 | \$.62 |
| DIAGNOSTIC AND ANC. PROCED | 411 | 419 | | 19,460.36 | 46.44 | .006 | 47.35 | .27 |
| EYE APPLIANCES | 558 | 1,585 | | 24,815.65 | 15.66 | .022 | 44.47 | .35 |
| OTHER OPTOMETRIC SERVICES | 4 | 5 | | 161.57 | 32.31 | .000 | 40.39 | .00 |
| @CHIROPRACTOR | 1 | 2 | \$ | 33.44 | \$ 16.72 | .000 | \$ 33.44 | \$.00 |
| VISITS | 1 | 2 | | 33.44 | 16.72 | .000 | 33.44 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 127 | 253 | \$ | 3,719.62 | \$ 14.70 | .004 | \$ 29.29 | \$.05 |
| MEDICINE/INJECTIONS | 48 | 65 | | 1,537.43 | 23.65 | .001 | 32.03 | .02 |
| SURGERY/ANES. | 3 | 3 | | 99.04 | 33.01 | .000 | 33.01 | .00 |
| RADIO./PATHOLOGY | 7 | 8 | | 112.46 | 14.06 | .000 | 16.07 | .00 |
| OTHER | 78 | 177 | | 1,970.69 | 11.13 | .002 | 25.27 | .03 |
| @HOME HEALTH AGENCY | 187 | 660 | \$ | 44,955.07 | \$ 68.11 | .009 | \$ 240.40 | \$.63 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 9 | 11 | \$ | 280.49 | \$ 25.50 | .000 | \$ 31.17 | \$.00 |

| | | | | | | | | | | | |
|-----------------------------|-------|--------|----|--------------|----|---------|------|----|----------|----|-------|
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ | 33.56 | \$ | 16.78 | .000 | \$ | 33.56 | \$ | .00 |
| @TOTAL HOSPITAL | 8,473 | 34,852 | \$ | 5,843,027.87 | \$ | 167.65 | .488 | \$ | 689.61 | \$ | 81.77 |
| HOSP INPATIENT TOTAL | 915 | 4,386 | | 5,089,829.97 | | 1160.47 | .061 | | 5562.66 | | 71.23 |
| HSC HOSPITALS | 172 | 1,548 | | 1,935,209.66 | | 1250.14 | .022 | | 11251.22 | | 27.08 |
| NON-HSC HOSPITAL TOTAL | 613 | 2,158 | | 3,031,485.57 | | 1404.77 | .030 | | 4945.33 | | 42.43 |
| ACCOMMODATIONS | 585 | 2,158 | | 1,125,475.14 | | 521.54 | .030 | | 1923.89 | | 15.75 |
| ADMINISTRATIVE DAYS | 5 | 126 | | 29,130.19 | | 231.19 | .002 | | 5826.04 | | .41 |
| TRANSITIONAL IP CARE | 0 | 0 | | 75.51 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 580 | 2,032 | | 1,096,269.44 | | 539.50 | .028 | | 1890.12 | | 15.34 |
| ANCILLARIES | 612 | 0 | | 1,906,010.43 | | .00 | .000 | | 3114.40 | | 26.67 |
| INPATIENT CROSSOVERS | 141 | 680 | | 123,134.74 | | 181.08 | .010 | | 873.30 | | 1.72 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 7,930 | 30,466 | | 753,197.90 | | 24.72 | .426 | | 94.98 | | 10.54 |
| MEDICAL | 907 | 1,140 | | 41,255.70 | | 36.19 | .016 | | 45.49 | | .58 |
| SURGERY | 313 | 348 | | 22,047.88 | | 63.36 | .005 | | 70.44 | | .31 |
| PATHOLOGY | 3,961 | 14,677 | | 168,540.24 | | 11.48 | .205 | | 42.55 | | 2.36 |
| RADIOLOGY | 2,026 | 2,761 | | 179,140.95 | | 64.88 | .039 | | 88.42 | | 2.51 |
| ROOM USE | 3,060 | 4,119 | | 181,906.10 | | 44.16 | .058 | | 59.45 | | 2.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 3,048 | 7,421 | | 160,307.03 | | 21.60 | .104 | | 52.59 | | 2.24 |
| @COUNTY HOSPITAL TOTAL | 487 | 2,304 | \$ | 962,610.16 | \$ | 417.80 | .032 | \$ | 1976.61 | \$ | 13.47 |
| CO HOSPITAL INPATIENT TOTAL | 44 | 754 | | 909,811.51 | | 1206.65 | .011 | | 20677.53 | | 12.73 |
| HSC HOSPITALS | 42 | 615 | | 821,457.07 | | 1335.70 | .009 | | 19558.50 | | 11.50 |
| NON-HSC HOSPITALS TOTAL | 3 | 119 | | 86,730.44 | | 728.83 | .002 | | 28910.15 | | 1.21 |
| ACCOMMODATIONS | 3 | 119 | | 27,524.70 | | 231.30 | .002 | | 9174.90 | | .39 |
| ADMINISTRATIVE DAYS | 3 | 119 | | 27,524.70 | | 231.30 | .002 | | 9174.90 | | .39 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 3 | 0 | | 59,205.74 | | .00 | .000 | | 19735.25 | | .83 |
| INPATIENT CROSSOVERS | 2 | 20 | | 1,624.00 | | 81.20 | .000 | | 812.00 | | .02 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 454 | 1,550 | | 52,798.65 | | 34.06 | .022 | | 116.30 | | .74 |
| MEDICAL | 106 | 132 | | 7,047.31 | | 53.39 | .002 | | 66.48 | | .10 |
| SURGERY | 28 | 36 | | 2,892.29 | | 80.34 | .001 | | 103.30 | | .04 |
| PATHOLOGY | 111 | 425 | | 4,561.17 | | 10.73 | .006 | | 41.09 | | .06 |
| RADIOLOGY | 70 | 124 | | 9,700.91 | | 78.23 | .002 | | 138.58 | | .14 |
| ROOM USE | 305 | 421 | | 16,340.76 | | 38.81 | .006 | | 53.58 | | .23 |
| CROSSOVERS/ALL OTH OUTPTNT | 163 | 412 | | 12,256.21 | | 29.75 | .006 | | 75.19 | | .17 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | | | | |
| MOP024 | | | | | | | | | | | |
| SAN BENITO COUNTY | | | | | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

PAGE 10,639
01/17/03

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|-------|
| 71,455 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 8,102 | 32,548 | \$ | 4,880,417.71 | \$ | 149.95 | \$ | 68.30 |
| COMM HOSP INPATIENT TOTAL | 874 | 3,632 | | 4,180,018.46 | | 1150.89 | | 58.50 |
| HSC HOSPITALS | 130 | 933 | | 1,113,752.59 | | 1193.73 | | 15.59 |
| NON-HSC HOSPITALS TOTAL | 610 | 2,039 | | 2,944,755.13 | | 1444.22 | | 41.21 |
| ACCOMMODATIONS | 582 | 2,039 | | 1,097,950.44 | | 538.47 | | 15.37 |
| ADMINISTRATIVE DAYS | 2 | 7 | | 1,605.49 | | 229.36 | | .02 |
| TRANSITIONAL IP CARE | 0 | 0 | | 75.51 | | .00 | | .00 |
| ALL OTHER ACCOM | 580 | 2,032 | | 1,096,269.44 | | 539.50 | | 15.34 |
| ANCILLARIES | 609 | 0 | | 1,846,804.69 | | .00 | | 25.85 |
| INPATIENT CROSSOVERS | 139 | 660 | | 121,510.74 | | 184.11 | | 1.70 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 7,573 | 28,916 | | 700,399.25 | | 24.22 | | 9.80 |
| MEDICAL | 808 | 1,008 | | 34,208.39 | | 33.94 | | .48 |

| | | | | | | | | | |
|------------------------------|-------|--------|----|--------------|----|--------|------|------------|----------|
| SURGERY | 287 | 312 | | 19,155.59 | | 61.40 | .004 | 66.74 | .27 |
| PATHOLOGY | 3,866 | 14,252 | | 163,979.07 | | 11.51 | .199 | 42.42 | 2.29 |
| RADIOLOGY | 1,963 | 2,637 | | 169,440.04 | | 64.25 | .037 | 86.32 | 2.37 |
| ROOM USE | 2,795 | 3,698 | | 165,565.34 | | 44.77 | .052 | 59.24 | 2.32 |
| CROSSOVERS/ALL OTH OUTPTNT | 2,903 | 7,009 | | 148,050.82 | | 21.12 | .098 | 51.00 | 2.07 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 846 | 29,071 | \$ | 4,908,672.87 | \$ | 168.85 | .407 | \$ 5802.21 | \$ 68.70 |
| LEV A-INTERMEDIATE | 10 | 370 | | 27,015.94 | | 73.02 | .005 | 2701.59 | .38 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 7 | 190 | | 105,687.50 | | 556.25 | .003 | 15098.21 | 1.48 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 831 | 28,511 | | 4,775,969.43 | | 167.51 | .399 | 5747.26 | 66.84 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 198 | 4,764 | \$ | 247,611.63 | \$ | 51.98 | .067 | \$ 1250.56 | \$ 3.47 |
| HOSPITAL BASED | 3 | 62 | | 11,925.18 | | 192.34 | .001 | 3975.06 | .17 |
| HEMODIALYSIS CENTER | 195 | 4,702 | | 235,686.45 | | 50.12 | .066 | 1208.65 | 3.30 |
| @REHABILITATION FACILITY | 26 | 85 | \$ | 3,347.35 | \$ | 39.38 | .001 | \$ 128.74 | \$.05 |
| HOSPITAL BASED | 26 | 85 | | 3,347.35 | | 39.38 | .001 | 128.74 | .05 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1,718 | 4,061 | \$ | 73,893.40 | \$ | 18.20 | .057 | \$ 43.01 | \$ 1.03 |
| PATHOLOGY | 1,711 | 4,044 | | 73,676.28 | | 18.22 | .057 | 43.06 | 1.03 |
| XO AND OTHERS | 7 | 17 | | 217.12 | | 12.77 | .000 | 31.02 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 9,807 | 20,152 | \$ | 1,847,755.46 | \$ | 91.69 | .282 | \$ 188.41 | \$ 25.86 |
| CLINIC | 307 | 1,212 | | 34,127.66 | | 28.16 | .017 | 111.17 | .48 |
| SURGICENTER | 4 | 10 | | 1,109.55 | | 110.96 | .000 | 277.39 | .02 |
| HEROIN DETOX CLINIC | 2 | 32 | | 371.62 | | 11.61 | .000 | 185.81 | .01 |

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 SAN BENITO COUNTY

9,540 18,898 1,812,146.63
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

95.89 .264 189.95 25.36
 PAGE 10,640
 01/17/03

| | 71,455 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|------------------|---------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 2,860 | 205,519 | \$ | 572,173.44 | \$ 2.78 | 2.876 | \$ 200.06 | \$ 8.01 |
| DURABLE MED. EQUIP. | 191 | 1,106 | | 145,868.32 | 131.89 | .015 | 763.71 | 2.04 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 17 | 41 | | 4,769.42 | 116.33 | .001 | 280.55 | .07 |
| MEDICAL TRANSPORTATION | 408 | 7,804 | | 114,879.20 | 14.72 | .109 | 281.57 | 1.61 |
| AMBULANCES/AIR TRANS | 274 | 5,349 | | 66,016.81 | 12.34 | .075 | 240.94 | .92 |
| OTHER TRANS | 27 | 1,248 | | 5,406.94 | 4.33 | .017 | 200.26 | .08 |
| OTHER SERVICES | 128 | 1,207 | | 43,455.45 | 36.00 | .017 | 339.50 | .61 |
| ACUPUNCTURE | 6 | 18 | | 324.39 | 18.02 | .000 | 54.07 | .00 |
| ADULT DAY HEALTH CARE CTR | 16 | 179 | | 11,968.07 | 66.86 | .003 | 748.00 | .17 |
| GENETIC DISEASE TESTING | 433 | 437 | | 35,094.00 | 80.31 | .006 | 81.05 | .49 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 21 | 2,272 | | 68,512.04 | 30.15 | .032 | 3262.48 | .96 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 659 | 1,494 | | 15,751.80 | 10.54 | .021 | 23.90 | .22 |
| PHYSICAL THERAPIST | 70 | 124 | | 8,288.12 | 66.84 | .002 | 118.40 | .12 |
| PORTABLE X-RAY | 10 | 26 | | 334.51 | 12.87 | .000 | 33.45 | .00 |
| PROSTHETIST/ORTHOTISTS | 42 | 162 | | 15,372.20 | 94.89 | .002 | 366.00 | .22 |
| PROSTHETICS | 42 | 161 | | 15,283.51 | 94.93 | .002 | 363.89 | .21 |
| ORTHOTICS | 1 | 1 | | 88.69 | 88.69 | .000 | 88.69 | .00 |
| PSYCHOLOGIST | 4 | 24 | | 1,505.02 | 62.71 | .000 | 376.26 | .02 |
| SPEECH AND AUDIOLOGY | 48 | 123 | | 16,657.03 | 135.42 | .002 | 347.02 | .23 |
| HOSPICE SERVICES | 19 | 490 | | 54,245.37 | 110.70 | .007 | 2855.02 | .76 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 369 | 1,881 | | 12,466.60 | 6.63 | .026 | 33.78 | .17 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 1 | 1 | | 26.80 | 26.80 | .000 | 26.80 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 689 | 189,338 | | 66,137.35 | .35 | 2.650 | 95.99 | .93 |
| @CALIF. CHILDREN SERVICES* | 409 | 5,234 | \$ | 1,419,838.45 | \$ 271.27 | .073 | \$ 3471.49 | \$ 19.87 |
| @XOVER EXCLUDING STATE HOSP** | 2,940 | 27,773 | \$ | 547,109.86 | \$ 19.70 | .389 | \$ 186.09 | \$ 7.66 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.